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24–31 March 1999

Item 3 of the provisional agenda*

Preparations for the special session of the General Assembly

International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development

Note by the Secretary-General

The Secretary-General has the honour to transmit the report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development, which was held at The Hague from 8 to 12 February 1999.

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Annex

Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD)

Netherlands Congress Centre
The Hague, Netherlands
8-12 February 1999

I. BACKGROUND

1. The International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) met in The Hague, the Netherlands, from 8 to 12 February 1999. The Forum is an integral part of the five-year review of the implementation of the ICPD Programme of Action that will culminate in a Special Session of the General Assembly, which will take place from 30 June to 2 July 1999.

2. That review has included: (a) three round table meetings organized by UNFPA on adolescent reproductive health (14-17 April 1998, New York); reproductive rights and implementation of reproductive health programmes, women's empowerment, male involvement and human rights (22-25 June 1998, Kampala, Uganda); and partnership with civil society to implement the Programme of Action (27-30 July 1998, Dhaka, Bangladesh); (b) four technical meetings organized by UNFPA on international migration and development (29 June-3 July, The Hague); population and ageing (6-9 October, Brussels); reproductive health services in crisis situations (3-5 November, Rennes, France); and population change and economic development (2-6 November, Bellagio, Italy); and a series of five-year regional reviews by the United Nations Regional Commissions.

3. The Hague Forum was organized by UNFPA to contribute to this review by focusing on key issues emerging from the appraisal process and by analysing achievements and challenges experienced in implementing the Programme of Action at the country level. Its aims were four-fold: (a) to examine lessons learned, success stories, and obstacles and constraints encountered, with a view to finding solutions to aid the further implementation of the Programme of Action; (b) to allow for exchanges among programme countries facing similar experiences; (c) to bring together a wide variety of partners to refocus their commitment on population and development; and (d) to provide technical inputs to the General Assembly Special Session.

4. A global inquiry conducted by UNFPA in mid-1998 provided inputs to the background document for the Forum. The inquiry elicited responses from 114 developing countries and countries with economies in transition; 18 developed countries also responded. The information collected reflects the progress that has been made at the country level in implementing the Programme of Action.

5. The General Assembly welcomed the operational review to be undertaken under the auspices of UNFPA, in cooperation with all relevant organizations of the United Nations system and other relevant organizations, and noted that the report and outcome of the international forum in 1999 will be submitted to the Commission on Population and Development at its thirty-second session and to the Executive Board of the UNDP and UNFPA (resolution 52/188 of 18 December 1997).

II. ATTENDANCE

6. Ministers and senior officials from the following 177 countries and territories participated in the Forum:

Albania, Algeria, Angola, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guatemala, Guinea, Guyana, Haiti, Holy See, Honduras, Hungary, Iceland, India, Indonesia, Islamic Republic of Iran, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakstan, Kenya, Kiribati, Kuwait, Kyrgyz Republic, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mexico, Micronesia (Federated States of), Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Netherlands Antilles, New Zealand, Nicaragua, Niger, Nigeria, Niue, Norway, Oman, Pakistan, Palau, Palestine, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Senegal, Seychelles, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, The Former Yugoslav Republic of Macedonia, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Uzbekistan, Vanuatu, Venezuela, Viet Nam, Yemen, Zambia and Zimbabwe.

7. In addition to the representatives of the United Nations Population Fund, the Forum was attended by representatives from the United Nations and its specialized agencies. Attending from the United Nations were: the Population Division, the Division for the Advancement of Women and the NGO section of the Department of Economic and Social Affairs (DESA), the Department of Public Information, the International Research and Training Institute for the Advancement of Women (INSTRAW), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Centre for Human Settlements (Habitat), the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), the United Nations Environmental Programme (UNEP), the United Nations Non-Governmental

Liaison Service, the United Nations Staff College Project, and the World Food Programme (WFP).

8. Attending from the Regional Commissions of the United Nations were the Economic and Social Commission for Asia and the Pacific (ESCAP), the Economic and Social Commission for Western Asia (ESCWA), the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE) and the Economic Commission for Latin America and the Caribbean (ECLAC).

9. The United Nations specialized agencies attending the Forum were the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the United Nations Economic, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). International financial institutions that participated were the International Monetary Fund and The World Bank.

10. The following intergovernmental organizations were represented: the African Development Bank, the Asian Development Bank, the Commonwealth Secretariat, the Council of Europe, the European Commission, the Inter-American Development Bank, the International Federation of Red Cross and Red Crescent Societies, the International Organization for Migration, the League of Arab States, the OPEC Fund for International Development, the Organization of African Unity, the Organisation of the Islamic Conference, Partners in Population and Development, and the Secretariat of the Pacific Community.

11. The following treaty bodies were represented at the Forum: Committee on the Elimination of Discrimination Against Women, the Committee on the Elimination of Racial Discrimination (CERD), the Committee on the Rights of the Child, and the Human Rights Committee.

12. Regional parliamentary groups represented at the Forum were the Asian Forum of Parliamentarians on Population and Development; the Working Group on Population, Sustainable Development and Reproductive Health of the European Parliament; the Forum of African and Arab Parliamentarians on Population and Development; the Inter-American Parliamentary Group on Population and Development; the International Medical Parliamentarians Organization; and Parliamentarians for Global Action.

13. Foundations who attended were the Ford Foundation, the Wallace Alexander Gerbode Foundation, the John D. and Catherine C. MacArthur Foundation, the Andrew W. Mellon Foundation, the Open Society Institute/Soros Foundation, the David and Lucille Packard Foundation, the Rockefeller Foundation, the Rotary International Fellowship on Population and Development, the Rutgers Foundations, the Summit Foundation, the United Nations Foundation, the United States Committee for UNFPA, the William and Flora Hewlett Foundation and the William H. Gates Foundation.

14. The International Planned Parenthood Federation (IPPF), the International Union for the Scientific Study of Population (IUSSP) and the World Population Foundation attended as non-governmental organizations (NGOs) as did numerous NGOs that had attended the associated NGO and Youth Forums prior to the convening of The Hague Forum. Their names are available from the organizers of those Forums - the World Population Foundation.

III. ELECTION OF FORUM OFFICE-BEARERS AND OTHER MATTERS

15. At the 2nd plenary meeting on 8 February 1999, Forum participants approved the rules of procedure, agenda and programme of work and elected the members of the Bureau. The members of the Bureau were as follows:

President: Ambassador Nicolaas Biegman (The Netherlands)

Chairman of the Main Committee: Ambassador Anwarul Karim Chowdhury (Bangladesh)

Rapporteur: Ms. Elsa Berquo, (Brazil)

Vice-Presidents – Ms. Rosa-Anna Weiss (Austria), Mr. Teodor Chernev (Bulgaria), Mr. Rudolph Collins (Guyana), Mr. Kiyotaka Akasaka (Japan), Ms. Datin Paduka hajah Zaleha binti Ismail (Malaysia), Mr. Rodolfo Tuiran (Mexico), Ms. Aicha Belarbi (Morocco), Mr. Jerzy Holzer (Poland), Mr. El-Hadj Ibrahima Sall (Senegal), Mr. Gerald Sendaula (Uganda), Prof. Zoreslava Shkiryav-Nyzhnyk (Ukraine), Ms. Margaret Pollack (United States).

IV. FUNCTIONING OF THE FORUM

16. The Forum met in plenary and main committee sessions. In Plenary, heads of delegations, many of them at the ministerial level, addressed their operational experiences in implementing the Programme of Action. Key points made in the Plenary provided useful inputs into the discussions on the findings and proposed actions in the Bureau.

17. The Plenary met in formal session 11 times. The opening session was addressed by W. J. Deetman, Mayor of The Hague; E. Borst-Eilers, the Netherlands' Deputy Prime Minister and Minister of Health; Louise Frechette, Deputy Secretary-General of the United Nations; Dr. Nana Konadu Agyeman Rawlings, First Lady of Ghana; Elizabeth Aguirre de Calderon Sol, First Lady of El Salvador; Dr. Nafis Sadik, Executive Director of UNFPA; the Honourable Baron Vaea, Prime Minister of Tonga; and Eveline Herfkens, the Netherlands' Minister for Development Cooperation. The following day, Hillary Rodham Clinton, First Lady of the United States, delivered the keynote address.

18. In subsequent sessions, 179 delegations took the floor: 134 Government representatives (43 from Africa, 38 from Asia and the Pacific, 22 from Latin America and the Caribbean, 17 from Western Europe and Other States, and 14 from Eastern Europe); 12 United Nations agencies and organizations; 23 non-governmental organizations (NGOs); 7 intergovernmental organizations; and 3 youth representatives.

19. The Main Committee met in formal session six times and considered five substantive themes: (a) Creating an enabling environment for further implementation of the ICPD Programme of Action; (b) Enhancing gender equality, equity and empowerment of women; (c) Promoting reproductive health, including family planning and sexual health, and reproductive rights; (d) Strengthening partnerships; and (e) Mobilizing and monitoring resources for further implementation of the ICPD Programme of Action. At the end of each session, the Chairman summarized the main points that had been brought up in the discussions. The Chairman's summaries were brought to the attention of the Bureau in its capacity as the drafting committee for the final document of the Forum for its consideration. The outcome of the Forum is contained in the findings and proposed actions that follow.

V. FINDINGS AND PROPOSED ACTIONS

Background

20. The Hague Forum was convened during 8-12 February 1999 to conduct an operational review of the implementation of the Programme of Action of the ICPD. The Hague Forum was immediately preceded by three other international gatherings on ICPD also held in The Hague: the Parliamentarians' Forum, the NGO Forum and the Youth Forum. These meetings have included many stakeholders - government officials, parliamentarians, non-governmental organisations, youth and private foundations - and have led to a sharing of the lessons learned during nearly five years of experience in implementing the ICPD Programme of Action. As the Programme of Action defined objectives and goals and a strategy for achieving these ends for the twenty-year period following its adoption in 1994, and since the Programme is being implemented in a dynamic environment, it is necessary to take stock periodically in order to adapt activities to evolving circumstances.

21. Considerable progress has been made in policy, programme redesign, increased partnership and collaboration directed toward implementation of the ICPD. Many countries had made policy, legislative and/or institutional changes in the areas of population and development and reproductive health and rights. In the countries with economies in transition there has been particular progress in the area of reproductive health and rights. In addition, in many settings, democratization and improved transparency in governance, expanded activity of voluntary associations, improvements in communications and legal and policy modifications have advanced the prospects for the participatory approach which is at the centre of successful implementation of the Programme of Action.

22. A review of progress over the last five years on the scope of collaborative efforts with civil society provides a basis for optimism. The devolution of public responsibilities, decentralization of public administrations and other institutional changes have also greatly accelerated and have created new opportunities and challenges for development activities. In addition, major strides have been taken in procedural areas, such as positive changes in the concept of participation and the processes for consultation; recognition of the enhanced role of civil society; increasing acceptance of innovative development approaches; and improved partnership among United Nations organizations and bodies.

23. Since 1994, however, the world has also faced a series of adverse occurrences and developments that have had major impacts on the implementation of the Programme of Action. These have included: the severe financial crises in many countries that began in Asia in mid-1997 and now affects many other areas including the Russian Federation and other countries with economies in transition and Latin America; a series of natural disasters, including prolonged drought in sub-Saharan Africa, devastating storms in Central America and the Caribbean and large-scale floods in Asia; continued economic stagnation and financial crises in many poor countries, including several with on-going structural adjustment programmes; a steep drop in the prices of oil and other commodities; and social instability and civil and sub-regional wars and conflicts in all regions. All of these have had major consequences for health and development, in particular women's health.

24. Global population has doubled since 1960 and 97 per cent of future projected growth will occur in developing countries where the exercise of reproductive rights is in many places far more precarious. As people have been given greater choice, rates of population growth have continued to decline. However, the world is still growing by 77 million people a year and population stabilization will not be reached for fifty years at the earliest. Later this year, on 12 October, the world population will reach 6 billion people.

25. At the approach of the new millennium there are over 1 billion young people between the ages of 15 and 24, the largest cohort at these ages ever. The sexual and reproductive health needs of these young people are not yet adequately addressed. Many do not have access to information and services to protect their health and make choices freely and responsibly. Young women are particularly vulnerable to unwanted pregnancy, sexual violence and susceptible to infection with sexually transmitted diseases (STDs), including HIV/AIDS. Young women, especially those under age 18, are at the highest risk of maternal mortality and morbidity. The choices the young make about the timing and spacing of their children will determine the pace of future population growth. The education and opportunities they are given from a young age will determine the quality of their lives.

26. The number and proportion of older persons throughout the world is increasing because of mortality and fertility reductions in the past four decades. Yet in many countries policies and programmes to provide the services they need or reinforce family and community support do not exist. Women make up the highest proportion of older people, particularly the very old, and many

carry the burden of a history of poverty, illiteracy, ill health, gender violence, and discriminatory treatment.

27. Mortality decline has been uneven. In some countries there have been reversals of gains in life expectancy. In countries with economies in transition in Eastern Europe, life expectancy has particularly declined in the context of increased social stress, poor nutrition and deteriorating health services. Countries most severely affected by the HIV/AIDS pandemic, such as in parts of sub-Saharan Africa, face significant decreases in life expectancy and severe losses among young adults in their peak productive years. Maternal mortality is also a critical area for attention and action. It takes the lives of almost 600,000 women each year.

28. As the demand for smaller families has increased and the access to safe and accessible contraception has improved, fertility level have declined. Over 150 million couples still have an unmet need for contraception. Other unmet needs for reproductive health, including family planning and sexual health, services remain extremely high, including the need for infertility services. In countries where significant increases in contraceptive access and acceptance have been effected, recourse to abortion has declined dramatically. However, recourse to unsafe abortion still remains a serious problem.

29. International migration and its impact on society have taken on greater importance and are drawing increased attention from the international community. The multi-faceted aspects of migration, which include issues related to the integration of documented migrants, trafficking of people, and refugee movements, have prompted Governments to undertake a series of actions to address the phenomenon. Among actions designed to address the situation of migrants are assistance to refugee women and children, promotion of the integration of migrants and specific sanctions to combat illegal migration. The remaining challenge is to understand the root causes of migration in order to fully address the linkages between migration and development.

30. The contexts for implementation of population and development programmes are varied. The Programme of Action recognises the need to take fully into account the economic, social, religious, cultural and environmental diversity of conditions in each country, as well as the shared but differentiated responsibilities of all people to forge a better common future. The discussions at the Forum reaffirmed both the common threads and the variety of national experiences and provided an opportunity for information exchange and the rediscovery and reaffirmation of shared perspectives.

31. The discussions and conclusions of the Hague Forum resoundingly reaffirmed the ICPD Programme of Action:

Human rights and reproductive health

32. In the past five years there has been a growing acceptance of a human rights-based perspective. This approach has served to enhance the quality and accessibility of reproductive

health services, based upon the human rights of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The international human rights treaty bodies, national human rights offices and non-governmental organizations have increasingly taken note of reproductive health, including family planning and sexual health, in policy and programme documents, decisions and recommendations. Rights in the area of sexual and reproductive health have received increasing recognition, including the rights of migrants, refugees, displaced persons and people living with HIV/AIDS.

The reproductive health approach

33. Policy changes in many countries demonstrate a clear commitment to move from a preponderance of vertical family planning programmes to a comprehensive sexual and reproductive health approach with an emphasis on quality of care. As a start to reform, many countries have adjusted their policies, terminology and institutional structures. Other countries have gone even further, and have started implementing the paradigm shift by integrating and linking services. The challenge now is how to implement broad strategies of sexual and reproductive health which emphasise comprehensive services without losing the specialised skills that are provided in successful vertical programmes, and how to achieve this in the context of weak health service infrastructure and health sector reform.

Women's empowerment

34. The ICPD and the subsequent Fourth World Conference on Women have enhanced national attention and debate on the centrality of gender equity, equality and the empowerment of women in sustainable development. Governments have made important strides toward implementing international conventions such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Many countries have enacted gender action plans aimed at promoting and protecting the rights of women as fundamental human rights. Legislation on gender-based violence and the integration of gender in sustainable development policies have reinforced the primacy of gender issues. The heightened public awareness of women's rights issues is increasing pressure to convert policy statements and legislation into effective action.

Partnerships

35. Over the past five years there has been an increase in the number and variety of partnerships that are being established. There has been a clear movement toward partnerships in which NGOs, in particular women's groups, share responsibility with government institutions for implementing the ICPD Programme of Action. National coordination mechanisms have been set up that involve different sectors of civil society in shared responsibility for programme development, implementation and accountability. In this process, the importance of transparency and good governance is increasingly recognised. Where communities have been involved in policy development and implementation, dramatic progress has been made in furthering the ICPD

Programme of Action. Parliamentarian groups have been taking an increasingly active role. There has also been a growing recognition of the need to fully involve youth.

36. While touching on all parts of the ICPD Programme of Action, The Hague Forum focussed particularly on the operational review of the following major issues for its further implementation:

a. Creating an enabling environment;
b. Enhancing gender equality, equity and the empowerment of women;
c. Promoting reproductive health, including family planning and sexual health, and reproductive rights;
d. Strengthening partnerships; and
e. Mobilizing and monitoring resources.

VI. CREATING AN ENABLING ENVIRONMENT

Background

37. The ICPD Programme of Action underscored that good governance, transparency, accountability, and the promotion of democracy are essential to achieving sustainable development. It emphasized that the interrelationships between population, resources, environment and development must be recognized, managed and brought into balance. It called upon States to reduce and eliminate unsustainable patterns of production and consumption and to adopt population and development policies that would meet current needs without compromising the prospects of future generations. Country development strategies should take into account, at both the national and local levels, the linkages between population, resources and environment and the need to bring patterns of production and consumption into balance.

Progress made

38. The five-year review of experience in implementing the Programme of Action indicates that considerable progress has been made in transforming the words of the Programme of Action into concrete realities. Selected examples of progress are:

39. There is a strong political commitment in all regions to create the enabling environment for the achievement of the ICPD goals.

40. Several countries have articulated and are implementing broad-based population policies, grounded in a human rights framework, which encompass the linkages between population trends and socio-economic development.

41. More women are benefiting from legislation protecting their human rights and outlawing gender-based violence, including harmful traditional practices.

42. Civil society groups are increasingly recognized as effective entities for the further implementation of the Programme of Action.

Constraints and issues

43. The ICPD+5 review has brought to the fore a number of constraints and issues that need to be addressed:

a. *Global economic trends.* Recent economic crises in several regions have had an adverse effect on the pace of implementing the Programme of Action. Globalization, unrestricted flows of capital and structural adjustment programmes have led to real cuts in social sector spending and have had a negative impact on vulnerable groups.

Falling gross domestic products, rapid to improve people's quality of life, implement social protection programmes and promote a human rights agenda.

b. *Environment.* The need to respond to economic crises has deflected government attention from addressing environmental concerns. Unbalanced production and consumption patterns persist and contribute to environmental degradation. Unregulated movement of toxic materials compromises people's health, particularly women's reproductive health.

While some progress has been made, population issues have not been integrated sufficiently into environmental policy and planning. Insufficient attention is being paid to the relationship between population, environment and poverty, especially as they affect the most vulnerable groups. Analysis of these linkages has been limited by the use of traditional static and linear models that are unable to take into account the dynamics of these factors

c. *Countries emerging from conflicts and crises.* The impact of natural disasters, serious instability and armed conflict has affected the ability of Governments to implement the ICPD Programme of Action. A breakdown in governance, inadequate infrastructure, and competing financial priorities have reduced access to a range of basic social services, particularly quality health care and reproductive health services.

d. *Resources.* While a number of countries have increased their financial commitment to population, considerable efforts are still needed to mobilize the resources required to fund the integrated population and reproductive health package as set out in the ICPD Programme of Action.

e. *Migration.* Migrants, both internal and international, encounter numerous problems that have not been adequately addressed. They are generally faced with cultural and family disruption and often lack adequate access to basic social services and health care.

Involuntary migrants, displaced persons and refugees, particularly women, are especially vulnerable to exploitation and human rights abuses.

f. *Changes in population age structure.* The largest-ever cohort of young people has put enormous pressure on the education infrastructure and job-creation ability of countries world-wide. At the same time, the number of people surviving to older ages is increasing dramatically. Inadequate attention has been paid to their health, economic and social needs.

Proposed actions

44. Over the past five years, many countries have made impressive progress in putting in place policies and programmes designed to achieve the ICPD goals. Nevertheless, much remains to be done. Successes to date and lessons learned thus far provide a foundation on which to build. In order to respond to the constraints and issues identified above, action needs to be taken in the following areas:

Global economic trends

45. Some of the proposed actions to be taken on the issue of global economic trends are:

a. The international community and Governments need to promote a supportive economic environment to enable developing countries to achieve sustained economic growth in the context of sustainable development and to establish mechanisms for the management and regulation of capital flows.

b. Efforts should be made to support countries in their quest to eradicate poverty by promoting an open, equitable international trading system; by stimulating direct investment; by reducing the debt burden; and by ensuring that structural adjustment programmes are responsive to social and environmental concerns.

c. Gender equity, equality and the empowerment of women must be an integral part of policy initiatives for sustainable development.

d. Health sector reform and sector wide approaches must give priority to gender-sensitive reproductive health services that ensure universal access to quality care.

e. Planners and decision makers at national and local levels need to be trained to better understand population, environmental and macro-economic linkages.

Environment

46. Proposed actions to be taken on the issue of the environment are:

a. Governments need to initiate legislative and administrative measures designed to promote balanced patterns of consumption and production, foster sustainable resource use and prevent environmental degradation.

b. Demographic factors should be integrated into environmental impact assessments and other planning processes. There is a need for better frameworks to analyse population, environment and poverty linkages.

c. Additional research is needed on the impact of environmental degradation on health, especially women's reproductive health.

Countries emerging from conflicts and crises

47. Actions proposed on the issue of countries emerging from conflict and crises include:

a. Special attention needs to be paid to strengthening the capacity to deal with population and development issues in countries in crisis situations and those beginning to recover from the effects of war, civil strive, climatic disasters and economic setbacks. Countries emerging from crises should receive special financial and technical assistance.

Financial resources

48. In order to achieve the ICPD goals, countries need to redouble their efforts to mobilize the resources needed to implement the costed package of an integrated population and reproductive health programme defined in the Programme of Action and to use existing resources effectively and efficiently. Better methodologies should be developed to track the flow of resources; cooperation between the World Bank, the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD), bilateral donors and UNFPA in this endeavour should be strengthened.

Migration

49. Actions proposed on the issue of migration include:

a. In view of the increasing migration at the global, regional and national levels, the root causes of migration and the conditions of migrants should be documented.

b. There is a critical need to promote dialogue between sending, transient and receiving countries in order to ensure that the human rights of migrants are protected and to guarantee their access to basic social services, including health services.

c. Concerted attention should be paid to ensuring the rights of migrants, particularly migrant women. To improve the situation of migrant workers, States should become a party to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

d. Attention should be paid to ensuring the fair treatment and rights of migrants, refugees and displaced persons, including providing for their reproductive health needs.

Population age structure

50. On the issue of population age structures, the following actions were proposed:

a. Governments need to invest in education and skills training for young people and provide programmes to meet their sexual and reproductive health needs taking into account the Convention on the Rights of the Child.

b. With respect to older persons, provisions should be made for their economic and social security and for their health care, particularly for ageing women.

c. Emphasis should be placed on fostering inter-generational solidarity through better communication and mutual support.

Partnerships

51. Actions proposed to be taken on the issue of partnerships include:

a. Efforts should be made to establish, maintain and nurture partnerships with a full range of civil society organizations, including NGOs, youth groups, and grassroots groups. Partnerships between public and private sector groups for the further implementation of the ICPD Programme of Action should be intensified.

b. Assistance should be provided to NGOs to enhance their managerial, technical and administrative capacities so that they can fully carry out their responsibilities in

monitoring the implementation of the commitments made at the ICPD and other global conferences.

Advocacy

52. On the issue of advocacy, the proposed actions included:

a. Use of mass media and information technology, including Internet technology, should be expanded to increase awareness and understanding of population and sustainable development linkages and to promote gender equality, women's empowerment, and the reproductive health approach.

b. National networks and advocacy coalitions need to be strengthened to target audiences at all levels.

c. Advocacy campaigns should be utilized to build and sustain political commitment for the implementation of the ICPD Programme of Action. They should convey messages about population and development in popular, easy-to-understand language.

Data and indicators

53. Proposed actions to be taken on the issues of data and indicators include:

a. Efforts should be made to strengthen national data systems to produce reliable statistics in a timely manner, including information on poverty status. Data should be disaggregated by gender.

b. Indicators, both quantitative and qualitative, should be identified to monitor progress in achieving the goals agreed to at the ICPD. These should focus on identifiable measures of women's access to and control of economic and social resources and poverty rates at household and aggregate levels (including in female- and male-headed households). Benchmarks and milestones are needed to track intermediate progress in achieving overall goals.

c. Support should be given to least developed countries and countries with economies in transition for censuses and surveys so as to build a solid database for multisectoral development planning and monitoring of progress.

VII. ENHANCING GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

Findings and Conclusions

Background

54. Principle four of the ICPD Programme of Action establishes the essential linkage between the advancement of gender equality, equity and empowerment of women and the elimination of all forms of violence against women, and women's ability to control their own fertility as cornerstones of population and development programmes. In this respect, the Programme of Action provides strong linkages to many human rights instruments, such as CEDAW and the Vienna Conference on Human Rights, and also creates a practical basis for operational integration of the critical concerns stated in the Beijing Platform for Action. The continued validity, relevance and increasing importance of these premises reaffirm the fundamental role that the ICPD Programme of Action plays in transforming population and development programmes and particularly in changing the quality of women's lives. While much progress has been made, the five-year review of the implementation of the Programme of Action has identified several areas that need strengthening.

Progress made

55. The five-year review has found that progress has been made in the following areas:

a. The momentum created by the Cairo Conference has been used to establish or reinforce initiatives that promote the integration of a gender perspective into policies, programmes and activities.

b. Many countries have reviewed their legal systems and instituted reforms in accordance with international mandates to remove laws that discriminate against women and girls and enact those that protect them.

c. Initiatives have been taken to promote the participation of women at policy- and decision-making levels.

d. Institutions, both governmental and non-governmental, have taken measures for institution-building and strengthening, including capacity-building for staff, that are compatible with gender equality.

e. Much work has been undertaken to eradicate violence against women, including the enactment of laws, legal awareness creation, and advocacy.

f. Progress has been made in advocating for the protection of the girl child and the promotion of her well-being.

g. Efforts have been made to encourage men to take responsibility for their reproductive and sexual behaviour and health and to support women's health and promote gender equality and equity in general.

Constraints and issues

56. Some of the constraints and issues are:

a. *Incorporation of a gender perspective*. The adoption and institutionalization of a gender perspective in population and development programmes is a long-term process. It requires the application of gender analysis in the formulation of policies and in the development and implementation of programmes as well as in international cooperation. The adoption of this approach has been hampered by the absence of a proper understanding of how to interpret concepts related to gender issues in different social and cultural contexts. Globalization of the economy has contributed to deepening the feminization of poverty, while privatization of social and health sectors has increased the proportion of women without access to adequate social services and health care. In many countries, gender inequity is compounded by race and ethnic discrimination.

b. *Legal context*. In many countries women are still unable to exercise their rights because of legal provisions, such as those that deny them access to land and credit. Even where legal reform has been undertaken, women often continue to suffer from the lack of legal protection for exercising their human rights. Legal mechanisms to monitor gender equality and equity are still weak.

c. *Violence against women*. Women continue to face intolerable levels of violence at all stages of their life cycle, and in both their private and public lives. Feminization of poverty has increased new forms of violence, such as trafficking and forced prostitution. Women are also the major victims of wars and civil conflict.

d. *Women in leadership, and policy and decision-making levels*. Women continue to be grossly under-represented in positions of power and decision-making, because of obstacles such as poverty, illiteracy, limited access to education, inadequate financial resources, patriarchal mentality and the dual burden of domestic tasks and occupational obligations. Women are also deterred from decision-making positions such as electoral politics by a non-supportive and discriminatory environment.

e. *Women's participation in the labour market*. Regardless of their occupations, women with the same qualifications normally earn less than men for work of equal value. Their disproportionately higher share of social and family responsibilities impacts negatively on their opportunities for training and promotion.

f. *Vulnerable groups*. The continued economic, social and health vulnerability of certain groups of women, such as those who are older, widowed, displaced, indigenous, rural poor, migrant, adolescent, refugee, or slum-dweller makes them susceptible to

marginalization in policy and programme efforts. Often such groups are not consulted or engaged in dialogue to develop strategies that meet their needs.

g. *Protection of the girl child.* The prevalence of cultural attitudes that promote the low value of girls, harmful traditional practices such as female genital mutilation (FGM), use of sex-selection technologies and sexual servitude endanger the sexual and reproductive health of girls and women.

h. *Gender-disaggregated data.* Many national information and data systems do not yet collect gender-disaggregated data or include such data for a limited number of variables.

i. *Institutional strengthening and capacity building.* Staff in many institutions lack the requisite technical capacity to undertake gender analysis and to design, implement and monitor programmes from a gender perspective.

j. *Promoting male responsibility and partnership between men and women.* The persistence of social and cultural attitudes constrains men from sharing in family responsibilities. Men are also not well engaged in the discourse on gender equality and empowerment of women, both at the community and at the policy levels. Various initiatives have already been taken to address the sexual and reproductive health needs of men, and promote greater responsibility for their sexual and reproductive behaviour. These should continue without sacrificing the reproductive health services for women.

Proposed actions

57. Over the last five years many countries have successfully implemented various elements of the ICPD Programme of Action to promote the advancement of women. Important lessons have been learnt and good practices have been documented. Gender equality is increasingly being used as a fundamental guiding principle in population and development programmes, not withstanding different social, cultural, economic and political contexts. Nonetheless, there is need to reinforce action in the areas listed in the section that follows.

Incorporating a gender perspective into policy, programmes and activities

58. Some of the actions proposed to incorporate a gender perspective into policy, programmes and activities are:

a. The ICPD reproductive rights approach to population and development policies and programmes needs to be further developed and strengthened, and it should include mechanisms for consultations with women's organizations and other equity seeking groups. Human rights education should be incorporated into both formal and informal education processes.

b. It is essential to make operational linkages between the various elements of the ICPD Programme of Action, the Beijing Platform for Action and other international instruments in order to promote gender equality systematically and comprehensively.

c. Action should be taken to eliminate existing negative traditional, religious and cultural attitudes and practices that subjugate women and reinforce gender inequalities.

d. A gender perspective must be adopted in all policy formulation and implementation processes and in the delivery of services. Specifically, the gender-differentiated impact of globalization of the economy and of the privatization of social and health sectors must be closely monitored and specific mitigating measures adopted, especially for the poor.

e. All data and information systems should ensure availability of gender-disaggregated data, which is crucial to translate policy into strategies that address gender concerns and to develop appropriate gender impact indicators for monitoring progress.

f. Changes in the age structure have increased the proportion of ageing women. It is therefore essential to address their needs through the development of special programmes, services and institutional mechanisms to safeguard their health and well-being. The needs of other vulnerable groups should also be carefully monitored and addressed, including their full participation and the articulation of their special needs.

g. Every action should be taken to remove all gender gaps and inequalities pertaining to women's participation in the labour market both by Governments and the private sector. Policies or legislation for equal pay for work of equal value must be instituted and enforced.

Promoting gender equality

59. Some of the actions proposed to promote gender equality are:

a. The institutional capacity and technical expertise of staff in Government, and civil society, especially NGOs, should be strengthened in order to promote gender mainstreaming.

b. Education of children in gender awareness should be promoted as a crucial step in eliminating discrimination against women. Enrollment in school for girls must be enforced to ensure empowerment of women in future generations.

c. The participation of women at political and at all policy and decision-making levels, including those for financial reforms and conflict prevention and resolution, should be accelerated.

d. The family is a powerful force in shaping women's lives. Strategies must be developed to promote gender equality at family level. It is also important to focus on the family as a unit of analysis to monitor progress.

e. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) should be ratified by all countries and reservations should be removed where they exist. Legal frameworks need to be established to protect the human rights of women. Implementation of laws should be enforced and widespread advocacy needs to be undertaken to enable women to claim their rights.

f. The media, parliamentarians and other similar groups have an important role to play in promoting gender equality. These groups should adopt and strengthen their strategies to tackle negative attitudes about women and assist in enhancing the value that society places on women.

Addressing violence against women

60. Actions proposed to address violence against women include:

a. Zero-tolerance for all forms of violence, including rape, incest, sexual violence, sex trafficking, against women and children should be promoted. This entails developing an integrated holistic and multi-disciplinary approach from a life-cycle perspective, which includes social, cultural and economic change in addition to legal reforms. The Stockholm Inter-governmental agreement against trafficking should be implemented.

b. The girl-child should be protected, particularly from harmful traditional practices, and her access to health, education and life opportunities should be promoted. The role of the family, and especially of fathers, in safeguarding the well-being of girls should be enhanced and supported.

c. Action should be taken to promote a positive self-image and self-esteem among girls and women through information, education and communication strategies. Curricula reform should be undertaken to ensure that gender stereotypes are removed from all educational and training materials.

Promoting male responsibility and partnership with women

61. Actions proposed to promote male responsibility and partnership with women include:

a. Men should become involved in defining positive male role models that enable them to play a more pro-active role in supporting and safeguarding women's reproductive health and rights, and to facilitate the socialization of boys to become gender-sensitive adults.

b. Men's own needs for reproductive and sexual health should be addressed, and they should be supported in taking responsibility for their own sexual behaviour.

c. Capacity-building strategies that enable men and other stakeholders to understand all concepts related to gender in their work and in their homes should be developed and implemented.

d. All leaders, especially men at the highest levels of policy and decision-making, should speak out in support of gender equality, the empowerment of women and the protection of the girl child.

VIII. PROMOTING REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH, AND REPRODUCTIVE RIGHTS

Background

62. At the International Conference on Population and Development, countries endorsed the principle that all couples and individuals should be enabled to make voluntary reproductive choices free of coercion. Ensuring that couples and individuals have the ability to carry out these choices was recognized as a basic right.

63. Reproductive health, including family planning and sexual health, encompasses the full range of components pertaining to the reproductive and sexual health of women and men, throughout the life cycle. The reproductive health approach not only requires an expansion of the components of service provision, but recognizes women as subjects rather than objects; upholds their dignity; respects their free and informed choices; and responds in a comprehensive manner to the totality of their health needs.

Progress made

64. Since 1994, there has been a noticeable momentum in policy and programme development in reproductive rights and health, with significant progress in the understanding of a human rights-based approach to reproductive health, including family planning and sexual health; in moving away from vertical service provision, demographic targets and quotas; and in promoting adolescent reproductive health.

a. Many countries have developed specific policies and/or legislative or institutional changes in reproductive health and rights.

b. Some countries have adopted a participatory approach involving stakeholders in identifying priorities and making choices about available services.

c. Many countries are experimenting with the integration of reproductive health services into their health delivery systems; some progress has occurred in reproductive health services at the primary health care level, and in the establishment of referral systems.

d. Reproductive health is increasingly considered a priority in health services in emergency situations.

e. The provision of high-quality, client-responsive services ensuring free and informed choice has received increased attention.

f. Some countries have taken measures to address the health needs, especially the sexual and reproductive health needs, of adolescents. NGOs have been involved in providing life-skills training in making choices and decisions; building self-esteem and addressing sexuality and gender equality. Efforts have been made to promote education for girls.

g. It is recognized that work with men and particularly with boys is essential. Some concrete measures have been taken to broaden and promote male involvement in sexual and reproductive health through advocacy campaigns.

h. There has been some progress in providing universal access to a full range of safe and reliable family planning methods. A wider range of contraceptive choices has become available, including the female condom and emergency contraception. Some countries are moving away from an emphasis on one or two contraceptive methods.

i. There is greater awareness of the risks of maternal mortality and morbidity, and recognition at the international level that maternal mortality and morbidity is both a developmental and a human rights issue.

j. A growing number of countries have acknowledged unsafe abortion as a serious public health concern. A few countries have advanced in establishing services where abortion is legal.

k. Evidence is showing that efforts to prevent STDs including HIV/AIDS through behavioural change and condom distribution and social marketing are cost-effective and becoming more effective. Where strong national programmes have been initiated, the rate of HIV infection has begun to decline especially among younger age groups, and among army conscripts and commercial sex workers.

Issues and constraints

Reproductive rights

65. Although there is general support and increasing understanding of reproductive rights as described in the ICPD Programme of Action, policies do not yet consistently reflect human rights approaches nor is there always sufficient political commitment for developing and implementing such policies. In many countries, existing laws and regulations also impede the implementation of the ICPD Programme of Action in specific areas such as sexuality education and the access of adolescents to reproductive health information and services.

66. At present, 54 countries have entered reservations to various articles of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

67. In the development of reproductive health programmes, insufficient understanding of how best to implement the reproductive health approach among some policymakers and health professionals remains a constraint to the implementation of the Programme of Action.

68. The advent of health sector reform and sector-wide approaches requires measures to safeguard reproductive health as a high priority. Decentralization of programme implementation has also placed an increased responsibility on programme managers.

69. Reproductive health policies and programmes have also tended to be shaped primarily by the health sector to the exclusion of other sectors which have an important role to play in this area.

Quality of care

70. Improving the quality of reproductive health care is often seen as too costly. Many studies reveal, however, that existing resources are often under-utilized, and improvements can be made at reasonable costs. Standards of quality have not always been developed and applied. Lack of service providers trained in all aspects of reproductive health care also represents a constraint.

Access to reproductive health information and services for adolescents

71. Lack of information and increasing unprotected sexual relations place adolescent girls and boys at risk of STDs, including HIV/AIDS, and young girls at risk of unwanted pregnancy. Early pregnancies constitute an increased risk of mortality and morbidity, including unsafe abortion, to the young girl, and also greatly limit her life opportunities in many countries. Harmful traditional practices, such as FGM and early marriage, or family formation (as described in paragraph 5.1 of the Programme of Action) also puts girls at increased risk.

Refugees and emergency situations

72. The rights of all individuals in refugee or emergency situations require protection. In addition, the reproductive health care needs of such persons, especially women and adolescents, continue to exist and are exacerbated by increased sexual violence and lack of services.

Males

73. Although some advances have been made on initiatives concerning male involvement and responsibility in sexual and reproductive health, overall progress on male responsibility and on services for men has been limited.

Access to Family Planning

74. Family planning services have expanded over the last five years. More than 150 million women however, still lack access to family planning information and services because of logistical, social, cultural, financial and behavioural barriers.

Maternal health

75. Women in developing countries and countries with economies in transition continue to face an unacceptable and far greater risk of severe complications or death in pregnancy and childbirth than women living in developed countries. Approximately 600,000 women, the vast majority in developing countries, die each year from the complications of pregnancy and delivery. Furthermore, for every woman who dies, many more suffer severe injury, malnutrition or ill health.

Prevention of unwanted pregnancy and unsafe abortion

76. Unsafe abortion, as defined in the Programme of Action, remains a major public health concern and a major cause of maternal mortality. It is estimated that some 20 million unsafe abortions occur each year, and that as many as 80,000 women die as a result. Recourse to abortion results from a lack of information and access to safe and effective contraceptives; this is particularly the case for young women.

STDs and HIV/AIDS

77. At least 330 million new cases of curable sexually-transmitted diseases occur each year, and the global epidemic of HIV/AIDS continues unchallenged in all but a few countries. More than 33 million people were living with HIV/AIDS in 1998, and millions of persons every day face the risk of HIV transmission; the effects of HIV infection; or the impact of the epidemic on some aspect of their lives. Half of all new HIV infections are in young persons aged 15-24.

Proposed actions

78. Most countries have begun to operationalize reproductive health programmes to some extent. As a result, a wealth of experience is beginning to be built; this experience needs to be shared by countries in order to accelerate the current pace of progress.

Reproductive rights

79. Some of the actions proposed in the area of reproductive rights include:

a. Legislation and policies should be enacted and implemented to meet the commitments made at Cairo that ensure reproductive rights, gender equity and equality, including voluntary choice in marriage, family forms — as described in para 5.1 of the Programme of Action — and the determination of the number, spacing and timing of children.

b. Health systems in collaboration with all other appropriate sectors need to ensure that policies, strategic plans, and all aspects of reproductive health programme implementation are based on human rights, and cover the life cycle.

c. The knowledge base and confidence of women, men and adolescents should be strengthened to enable them to claim reproductive rights and promote their reproductive health, including effective use of health services.

d. The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

e. Governments should withdraw reservations to Article 16 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). To ensure universal implementation of the Convention, reservations to all other articles should also be withdrawn.

f. The United Nations system should develop methodologies and indicators to promote and monitor women's rights, in particular in the area of sexual and reproductive health.

Development and implementation of reproductive health, including family planning and sexual health programmes

80. Governments should:

a. Maintain high priority for sexual and reproductive health, and ensure equity of access to information and services when implementing health sector reform and sector-wide approaches.

b. Facilitate participatory policy development processes to include representatives of all stakeholders, and donors should coordinate their support with the resulting national agendas.

c. Engage not only the health sector but all relevant sectors in reproductive health policy development and implementation.

d. Promote the decentralization of health planning and implementation in order to better identify and respond to the reproductive health needs of people, including psycho-social issues, cervical and breast cancer and reproductive tract infections.

e. Establish long-term strategic partnerships with all civil society partners, including NGOs, to strengthen the planning and implementation of reproductive programmes.

f. Strengthen the integration of services where this will result in increased acceptability, utilization and cost-effectiveness.

g. Increase investments in standards of service provision, maximizing the use of existing resources to provide quality services, with continuing monitoring.

h. Increase investments in reproductive health training to provide technical skills and prepare providers to communicate clearly with empathy, confidentiality and with respect for human rights, gender equality and dignity, and to provide dignified care.

i. Develop selected indicators, both quantitative and qualitative, to monitor progress in achieving the goals agreed at ICPD, including indicators for measuring gender sensitivity in sexual and reproductive health.

j. Strengthen community-based services and social and subsidized marketing, which are vital extensions of primary health care services; and explore new partnerships with the private sector.

k. Allocate resources to meet the growing demand for access to information, counselling, services and follow-up on the full range of safe and effective contraceptive methods, including the female condom and emergency contraception. Logistics systems should ensure the continuing availability of high-quality family planning and reproductive health commodities at delivery points.

l. Recognize and promote safe motherhood as a human rights issue.

m. Train and deploy increased numbers of primary health care workers with life-saving skills, develop effective referral systems including transportation to the secondary level

of care and ensure that skilled workers are available to provide quality services, particularly emergency obstetric care.

n. Establish intermediate benchmarks for 2005, 2010 and 2015 for maternal mortality, such as the proportion of deliveries attended by a skilled attendant.

o. Promote men's understanding of their roles and responsibilities in promoting women's health and preventing unwanted pregnancy, maternal mortality, and transmission of sexually-transmitted diseases, including HIV/AIDS.

p. Recognize and address unsafe abortion as a public health problem.

q. Reduce unsafe abortions by diminishing the number of unwanted pregnancies through the provision of family planning information and services, including emergency contraception, and by investing in the training and equipping of medical service personnel to manage the complications of unsafe abortions. Where it is legal, abortion should be safe and accessible. Laws containing punitive measures against women who have undergone illegal abortions should be reviewed.

r. Reaffirm commitment to Paragraph *8.25* of the Programme of Action and develop a system for monitoring its implementation.

STDs and HIV/AIDS

81. Governments should:

a. Commit the highest political levels to taking urgent action to control HIV/AIDS epidemics; to prevent HIV transmission; to improve care for HIV-infected persons; and to take steps to mitigate the impact of the AIDS epidemic.

b. Provide necessary resources to UNAIDS Co-sponsors and Secretariat to enable them to carry out their mandates in providing policy, strategic and technical guidance and support to countries in combating the HIV/AIDS pandemic.

c. Ensure that prevention of HIV/AIDS becomes an integral part of reproductive health programmes, particularly at the primary health care level.

d. Ensure access to available technologies such as female and male condoms.

e. Invest in the development of STD prevention and treatment programmes.

f. Ensure that communication campaigns include sexuality and gender-power issues.

g. Ensure that men should not threaten women's human rights through practices and behaviour that put women directly at risk from STDs, including HIV/AIDS, particularly by inflicting sexual violence on girls and women.

h. Develop goals and benchmarks to monitor progress in preventing HIV/AIDS.

i. Develop modules on HIV/AIDS to be included in the sex education curricula for all adolescents.

j. Create an environment free of discrimination for people and ensure access and availability of the required drugs for HIV-infected persons in developing countries.

k. Promote and fund research on microbicides, simpler diagnostic tests, single-dose treatments for STDs, and vaccines.

Youth and Adolescents

82. Some of the actions proposed in the area of adolescent reproductive health include:

a. Sexual and reproductive health programmes for adolescents should encompass not only sex education and provision of contraceptives but also basic health care, STD prevention and treatment, effective referral services, and counseling that addresses sexuality, builds self-esteem, promotes gender equality, and ensures privacy and confidentiality.

b. Innovative strategies need to be developed that provide adolescent girls and boys with sexual and reproductive health information through both formal and informal education – including peer counselling – that promotes gender equality and responsible sexual behaviour and prevents unwanted pregnancy.

c. National plans for investing in young people should be developed and implemented with the full involvement of youth. Such plans should include education, professional and vocational training, income-generating opportunities, and sexual and reproductive health information and services. Special attention should be given to gender equality and equity and to youth who are disadvantaged due to poverty, race, ethnicity, residence or disability.

d. Given the central role of the family in educating children and shaping their attitudes, while at the same time recognizing the rights of adolescents in line with their evolving capacity to take responsibility for their own behaviour and lives, in conformity with the Convention on the Rights of the Child; parents should be educated about, and involved in, providing information to adolescents so they can fulfil their rights and responsibilities in the sexual and reproductive health education of young people.

e. Measures should be taken to assure that the attitudes of health care providers do not restrict the access of young people to needed services and information including on STDs and sexual abuse.

f. Sexual education should be included in school curricula at all levels. It should be age appropriate and should begin in the home and community and continue through all levels and channels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of adolescents. Teachers should receive adequate training in this area.

g. Sexual and reproductive health services should be provided for all adolescents who demand them.

h. Fathers have a responsibility to be positive role models and mentors for their adolescent children, particularly their daughters, in order for them to develop their self-esteem and to enable them to take responsibility for their own lives.

i. There is a need to reaffirm paragraph 5.9 of the Programme of Action that "Governments should formulate family sensitive policies in the field of housing, work, health, social security and education", within the framework of respect for the rights of families and their individual members in order to create an environment supportive of the family.

Refugees and Emergency Situations

83. *Some of the actions proposed for refugee and emergency situations includes:*

a. Refugee women and other persons in emergency situations must receive appropriate health care, including reproductive health care and greater protection from sexual and gender-based violence.

b. All health relief workers should be given basic training in reproductive health information and services.

IX. STRENGTHENING PARTNERSHIPS

Background

84. The Programme of Action is an intergovernmental instrument, but it is also a reflection of discussions between government delegates and NGO representatives at the ICPD. It recognizes that to implement the conceptual shift to human-centred development and the life-cycle concept of sexual and reproductive health, a broad-based and interactive collaboration among Governments, the international

community and civil society is required. "Civil society" in this context refers to non-state institutions, including NGOs; community groups; professional associations; religious communities; the private sector; labour and trade unions; political parties; foundations; academic and research institutions; the media; and women, men and youth groups as well as individuals as members of society. Parliamentarians often serve as bridges between civil society and the government apparatus.

85. In Chapter XV, the Programme of Action calls for the promotion of effective partnerships between all levels of Government, the full range of NGOs and local community groups as well as international organizations and the private sector. The involvement of civil society in initiating and sustaining social and economic transformation has become essential in the context of economic globalization, privatization, limited resources and the downsizing and decentralization of the government apparatus. The full participation of civil society organizations and leaders will become increasingly critical in order to carry forward the goals of the Programme of Action.

Progress made

86. The five-year review has found that the changing development paradigms have shifted the roles of Government, civil society and the international community:

a. Many Governments have adopted significant measures to promote the involvement of civil society groups, particularly NGOs, in various stages of policy formulation and/or programme implementation, monitoring and evaluation. Countries with economies in transition have made special efforts in this regard.

b. Positive changes have been made in the concept of participation and the processes for consultation and in the recognition of the enhanced roles of civil society.

c. Governments and civil society have become increasingly aware of the societal dimensions of development and economic issues, and there is growing recognition of the necessity for a human rights-based approach.

d. In some countries, Governments have taken strong measures to strengthen the institutional capacity of civil society, including, *inter alia*, the provision of funding and the removal of cumbersome legal restrictions.

e. Coordination among United Nations organizations and agencies has been enhanced.

f. In 1995, eighteen United Nations organizations and agencies, including the Bretton Woods institutions, established the Basic Social Services for All (BSSA) Task Force.

g. Involvement of such partners as women's groups, advocacy organizations, youth groups, private sector associations, and religious communities has increased.

h. Parliamentarians have taken significant action for the adoption of legislation on reproductive health and on gender-based violence, including female genital mutilation. They have been instrumental in ensuring provision of national budgetary allocations for population and development. Parliamentarian networks have been established at the national and regional levels; networking at the international level has been initiated.

Constraints and issues

87. *Policy formulation and programme implementation.* Notwithstanding new policies and legislation, the enabling environment for civil society participation needs to be further strengthened in most countries. Clear legal frameworks, regulations and guidelines to facilitate partnerships with NGOs often do not exist.

88. *Human resource and institutional capacity.* Only limited progress has been made in strengthening the human resource, institutional and financial capacities of civil society organizations. Their weaknesses in transparency, accountability and responsiveness to constituencies seem to be obstacles in mobilizing additional public and financial support for population and development activities through civil society organizations. Networking among civil society organizations remains weak, particularly at the country level.

89. *Financial support.* Government provision of technical and financial support for NGOs has been hampered for various reasons, including constraints on government resources. At the same time, dependence on external funding often leads to increased competition between Governments and NGOs as well as among NGOs themselves for the limited funds available. At times, the dependence on external funding has hindered strategic planning on the part of NGOs.

90. *Coordination.* One of the major constraints to partnerships that is faced by both Governments and civil society organizations is the lack of mechanisms for coordination, funding, and accountability at the national level.

91. *Joint Action and Monitoring Frameworks.* Multisectoral frameworks for identifying key issues for joint action and indicators for assessing the contribution and impact of civil society groups are very often not present.

92. *Private Profit-oriented sector.* Important opportunities and innovative modalities for cooperation with the private sector must be further explored.

93. *Political environment.* In some countries, obstacles to partnership have been encountered due to mutual distrust, civil unrest and unstable political situations.

94. *Youth.* Special initiatives for youth have been supported in many countries; however, youth involvement in programme design, implementation, monitoring and evaluation remains insufficient.

Proposed actions

Establishing an Enabling Environment for Effective Partnership

95. Partnerships involving Governments, multi-bilateral and bilateral donors and civil society need to be based on negotiation and agreed intentions and explicit outcomes that bring benefits for all people. Partnership should enhance the activity of Governments and not substitute for their responsibilities to address people's basic needs.

96. Governments should:

a. ensure legitimacy and autonomy of NGOs based on a legal framework and within the process of democratization;

b. adopt policy measures as well as remove legal and bureaucratic obstacles to facilitate the involvement of civil society, particularly of NGOs, in the formulation, implementation, monitoring and evaluation of strategies and programmes to achieve the Programme of Action objectives;

c. institute dialogues on common objectives to build partnerships with civil society organizations from a broad spectrum of society, including women's organizations; traditional community leadership structures; religious groups; indigenous people; children; youth, the aged; and persons with disabilities;

d. work with civil society organizations to formulate the underlying principles, an enabling framework, goals and objectives and operational systems for partnership so that respective roles and responsibilities will be clearly defined.

97. Governments and civil society should:

a. develop operational guidelines for complementary or joint programmes; develop transparent systems to become accountable to their respective constituencies and to each other;

b. develop instruments to assess and monitor the interaction of Government and civil society organizations and identify obstacles to partnership;

c. ensure that youth representatives are elected to governing bodies, such as parliaments and city councils as well as school and university boards, to advise on youth issues and to ensure youth participation at all levels of policy and decision-making processes.

98. Parliamentarians should:

a. continue to establish national and international networks on population issues and advocate for and elaborate on appropriate legislation on Programme of Action provisions as a way to mobilize political support and to ensure sufficient budgetary allocations for population and development programmes, including the costed reproductive health components of the Programme of Action;

b. strengthen their partnership with the health community to develop appropriate legislation on sexual and reproductive health and rights.

99. Governments, civil society and the international community should work to find innovative approaches to enhance civil society participation, such as the facilitation of community-based initiatives.

100. Youth organizations should find creative ways to support and mobilize other youth groups through peer education programmes, information exchange and networking; develop programmes that ensure youth participation in population and development activities.

Strengthening the Human Resources and Institutional Capacities of Civil Society

101. Governments and the international community should:

a. adopt innovative financial and technical assistance approaches, including direct funding to NGOs and other non-state actors, to foster effective partnerships;

b. broaden the scope of their financial and technical assistance to build and strengthen the human resource, institutional, managerial and accounting capacity and sustainability of civil society institutions, in particular the women's and youth NGOs.

102. NGOs should:

a. establish mechanisms to promote and strengthen their human resources and institutional capacities;

b. give increased attention to coalition-building and networking at the national and regional levels to promote programme replicability, complementarity and synergy.

103. Governments, civil society and the international community should

support and strengthen South-South cooperations in order to bolster the sharing of relevant experiences, the mobilization of technical expertise and other resources among developing countries.

Strengthening and intensifying social mobilization efforts

104. Governments and civil society should:

a. establish youth councils and include youth in programme design, implementation, monitoring and evaluation;

b. involve religious groups and traditional community leaders in population and development activities.

105. Governments, civil society and the international community should:

a. include the media as partners to strengthen and intensify social mobilization efforts;

b. define new opportunities for partnership with the private sector in population and development sectors;

c. encourage women in the private sector to be advocates in the work place for the Programme of Action.

Promoting access to high-quality reproductive health and family planning services

106. Governments, civil society and the international community should:

a. actively pursue efforts with the private profit-oriented sector to provide affordable high quality reproductive health services for all, ensuring transparency and accountability within a human rights and social justice framework;

b. involve the medical professional associations in ensuring the high quality of reproductive health services.

Strengthening collaboration among United Nations and Inter-Governmental Organizations

107. United Nations agencies and organizations should:

a. strengthen inter-agency coordination and collaboration at all levels on selected population and development themes; UNAIDS, the Administrative Coordinating Committee (ACC), the Consultative Committee on Health, and the Basic Social Services for All (BSSA) Task Force are good examples of such coordination;

b. make further efforts to include the development banks in partnership activities.

108. The United Nations Population Fund should:

a. continue to focus on including the civil society in partnerships and support governments in developing a process with national resources to work with civil society; establish NGO advisory committees at regional and national levels; and continue and broaden the range of members of the NGO Advisory Committee to UNFPA at the international level;

b. should further develop a clear understanding of the roles and responsibilities of partnership and should formulate clear guidelines for partnership;

c. should strengthen and intensify its relations with countries with economies in transition.

X. MOBILIZING AND MONITORING RESOURCES

Background

109. To implement the ICPD Programme of Action, Governments need to commit themselves at the highest political level to achieving the goals of the ICPD. The Programme of Action specified the financial resources, both domestic and external funds, necessary to implement the population and reproductive health package over the next twenty years. It estimated that in the developing countries and countries with economies in transition, the implementation of programmes in the area of basic reproductive health, as well as programmes that address the collection and analysis of population data, would cost (in 1993 $US) $17 billion by the year 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015 (ICPD para. 13.15).

110. Up to two thirds of the projected resources required in developing countries and in countries with economies in transition will continue to be met in the countries themselves and in the order of one third, or $5.7 billion, will be needed from external sources. The Programme of Action called upon the international community to achieve an adequate level of resource mobilization and allocation, at the community, national and international levels, for population programmes and for other related programmes. The Programme of Action noted that additional resources would be needed to support programmes addressing population and development objectives in those areas not specifically costed in the Programme of Action.

111. The Hague Forum took special note of the recommendations of the Parliamentarians', Youth, and NGO Forums, which strongly supported the mobilisation of adequate resources for population and development.

Progress made

112. *Donor funding has increased since the ICPD.* International assistance for population activities increased significantly between 1993 and 1995, from a total of $1.3 billion in 1993 to an annual average of $2.0 billion per year during 1995-1997. For 1998, it appears that there has been a slight decrease in donor funding.

113. *The percentage of ODA earmarked for population is at its highest level.* Preliminary figures for 1997 show that donor countries contributed approximately 3.1 per cent of their total ODA to population. While the volume of ODA is declining, the percentage earmarked has increased. This figure is the highest percentage ever recorded.

114. *Developing countries are mobilizing domestic resources for population activities.* Very rough estimates of the global domestic resource flows for population activities provided a crude global figure of just under $8 billion for domestic financial resources for population activities in 1997.

115. *The private sector, including private foundations and NGOs, is playing an increasing role in the mobilization of resource flows.* A number of large private foundations have announced plans to increase funding for population activities.

Issues and constraints

116. *Resource flows have levelled off.* While funding for population activities has increased since the ICPD, it has not increased at a rate which would ensure mobilizing the required $17 billion by the year 2000. The momentum generated by Cairo appeared to have diminished by 1996, when international assistance remained at the 1995 level of around $2 billion. Preliminary data for 1998 indicate a decrease in level of funding to about $1.9 billion. Overall, external sources have met 33 per cent of their ICPD commitment.

117. *Total ODA is decreasing.* Although the increase in percentage of ODA that was earmarked for population activities is encouraging, it should be noted that total ODA has declined from $56.5 billion in 1993 to $47.6 billion in 1997.

118. *Most domestic resource flows originate in only a few large countries.* In aggregate, developing countries have met 68 per cent of the ICPD commitment. Most developing countries, however, are

unable to generate the necessary resources from domestic sources to cover the cost of national population programmes.

119. *Difficult economic circumstances and political instability in a number of countries are impeding efforts to mobilize the domestic resources required to implement national population policies and programmes.*

120. *Shortfalls in resource mobilization require heightened attention to improvements in the efficiency and effectiveness of resource utilization.* In order to maximize scarce resources, cost-effective organizations and programmes, appropriately sensitive to equity and quality concerns, must be identified and utilised.

121. *The HIV/AIDS epidemic has progressed faster than previously projected, requiring additional resources.*

122. *Youth needs for sexual and reproductive health are still inadequately addressed.* Additionally, youth participation in the design, implementation and monitoring of programmes is rarely accommodated.

Proposed actions

Mobilization of resources

123. *Urge donor countries and developing countries to fulfill their financial commitments.* Levels of resource commitments to ODA need to be increased. Countries should make every effort to reach the nominal 0.7 per cent of GDP allocation to ODA. In this context, countries should reach, at a minimum, the nominal commitment of 4 per cent of ODA to population activities and consider increasing the minimum to 5 per cent with due regard for the broader definition of population and reproductive health programmes adopted in the ICPD Programme of Action

124. *Urge donor countries and developing countries to increase levels of funding to UNFPA.* As was requested by many developing countries and countries with economies in transition, countries are urged to substantially increase their voluntary contributions to UNFPA so it will be in a better position to help countries, including many countries where it is the only source of population assistance, to meet their population and reproductive health challenges.

125. *Give appropriate priority to HIV/AIDS prevention.* Since the HIV/AIDS epidemic has made deeper inroads than were originally projected, special attention to promptly meet, at a minimum, the entire $1.3 billion for HIV/AIDS prevention in the year 2000 called for in the Programme of Action (13.15c) is required, with particular attention to young populations.

126. *Mobilize additional resources for the broader population and social sector objectives.* Additional resources are required to support programmes addressing population and development objectives in those areas not specifically costed in the Programme of Action. The 20/20 Initiative, which includes reproductive health and other basic social service components, should be considered as an instrument of resource mobilization efforts.

127. *Redouble advocacy efforts.* Advocacy efforts should be increased between countries and within countries to ensure that the necessary additional resources are mobilized. Parliamentarians should undertake measures to increase support for population and reproductive health programmes through legislation, advocacy and expanded awareness-raising and resource mobilization as noted in *The Hague Declaration of Parliamentarians on ICPD Review*.

128. *Ensure that population and reproductive health concerns receive the necessary allocations in integrated and sector-wide programmes.*

129. *Increase the role of private sector institutions in the mobilization of resource flows.* There is a need for the private sector, including private foundations and NGOs, to make available additional funding for population activities. Multinational Corporations (MNCs) should be encouraged to consider making contributions to finance population and reproductive health programmes as part of their social obligations. Mobilization of private sector resources within countries should also be further developed, including dialogues with local pharmaceutical companies and international firms. The private sector should be required to abide by ethical standards in the research and development of sexual and reproductive health technologies and drugs, and encourage affordable prices.

130. *Support core funding for NGO activities to implement the ICPD Programme of Action.* Donors should provide support to NGO activities to supplement their local resource mobilization efforts. Particular attention should be given to providing core support (e.g., funding sufficient to cover true overhead expenses), including long term support as necessary. Such support should be provided in ways which do not compromise the autonomy of the NGOs, but within a context of good management and accountability. Local NGOs should be supported. Support should be given for capacity-building for NGOs including appropriate training institutions addressing their managerial and technical skills and operational needs.

131. *Support countries least able to mobilize domestic resources.* Countries least able to generate domestic resources for population and reproductive health programmes – including the least developed countries, countries in emergency situations, countries suffering from economic crises, and countries with economies in transition (especially in order to initiate integrated reproductive health programmes) – need special attention from external donor sources.

132. *Increase resource flows directed to meeting adolescent reproductive health needs.* At least 20 per cent of donor allocations to reproductive health programmes should be earmarked to meet the

information and service needs of adolescents. These programmes should involve youth in their design, execution and monitoring.

133. *Donor allocation decisions should use indicators that take full account of the ICPD Programme of Action recommendations.* Donor countries should recognize a range of selected performance indicators, both qualitative and quantitative, that take into account the perspectives of current and potential beneficiaries of programmes.

Efficiency and effectiveness in the use of resources

134. *Improve the efficient and effective use of available funds.* In view of the limited resources, there is a need for both donors and developing countries to ensure that resources are used as effectively and efficiently as possible. Duplication in national programmes may lead to waste of financial and human resources and should be minimized. Strategic planning approaches are encouraged. The use of management systems linking programme resource decisions to outcomes should be explored.

135. *Meet the needs of poor populations.* Government and donor resources should be directed to promoting access to information and services for people who are unable to pay.

136. *Increase accountability.* There is a need for technical and managerial capacity-building and more transparent information systems on resource allocations and expenditures to increase accountability at all levels and for all partners.

137. *Coordinate financing policies.* Donors should coordinate financing policies and planning procedures to enhance the impact and effectiveness of contributions to population programmes. Greater flexibility in donor policies and management approaches and efforts to harmonize donor processes and initiatives will be needed.

138. *Strengthen mechanisms to coordinate national reproductive health programmes.* There is a need for developing countries to enhance the coordination of national reproductive health programmes.

New mechanisms to generate additional resources to meet ICPD goals

139. *Explore additional mechanisms to increase resource mobilization.* Additional means to increase funding for population activities could include the selective use of user fees, social marketing and other forms of cost recovery. Innovative financing approaches such as new forms of taxation on financial transactions should be considered.

140. *Support expanded South-South cooperation and information exchange.* Efforts to increase cooperation and technical assistance among developing countries and countries with economies in

transition, such as the Partners in Population and Development, should be encouraged and appropriately supported by the international community. There is also a need for greater exchange of information on cost-effective strategies in national programmes and the exchange of 'best practices' among all partners in public and civil society institutions.

141. *Strengthen partnerships to mobilize resources.* Enhanced partnerships in international assistance, including special initiatives directed to particular issues and/or regions could be used to provide additional resources for population activities. These efforts should involve commitments to specific time-frames for programmes of activity, to the extent possible.

142. *Utilize more efficient mechanisms to reduce the burden of external debt in order to encourage allocations to population and reproductive health programmes.* Debt cancellation and debt relief should be further explored and mechanisms created to expedite consideration and implementation. Agreements involving debt swaps for basic social service investments, particularly in the area of population, health and education, should also be given serious consideration.

143. *Advocate for increased funding for population and reproductive health from international financial institutions.* Donor countries and loan recipients should ensure that lending agreements include adequate allocations for population and reproductive health programmes. There is a need to be proactive with Ministries of Finance and in joint donor and lending institution consultations with finance and planning officials to ensure adequate support to population and reproductive health concerns. Regional development banks should also be involved in policy discussions to increase their lending to support population and reproductive health efforts.

Monitoring resource flows

144. *Improve monitoring of resource flows for the costed integrated population and reproductive health package.* Necessary methodological research for improved monitoring of international and domestic resource flows should be supported, including operational research. Resource flows need to be monitored by levels of poverty and by gender.

145. *Monitoring of supportive social sector expenditures.* Financial flows to the non-costed portions of the Programme of Action need adequate monitoring, especially those addressing gender concerns and population and environment interactions. Appropriate costing exercises should be considered by institutions with relevant expertise and institutional mandates.

146. *Technical review of the costed package.* Technical discussions to evaluate the cost projections in the Programme of Action should be given appropriate higher priority while efforts to increase resource mobilization should continue. In this connection, the area of safe motherhood requires special attention. Further analyses should be undertaken which examine costs of services at different system levels, the benefits of safe motherhood programmes, and the costs that would be avoided (to families, communities and society) by their successful implementation.

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Item 3 of the provisional agenda*

Preparation for the special session of the General Assembly

Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

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Introduction

A. Background

1. In December 1997, the General Assembly considered the question of the follow-up to the International Conference on Population and Development held in Cairo, Egypt, in 1994. The Assembly decided in resolution 52/188 of 18 December 1997 to convene a special session of the Assembly from 30 June through 2 July 1999, at the highest possible level of participation, to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development.[1] It was understood that there would be no renegotiation of the principles and recommendations contained in the Programme of Action.

2. The purpose of the present report is to present the results and principal findings of a series of extensive reviews of progress made and constraints encountered in the implementation of the Programme of Action. As part of a broad range of consultations with members of the United Nations system, Governments, civil society and non-governmental organizations, the reviews of the implementation of the Programme of Action have included five United Nations regional commissions and inter-agency meetings; the operational review and appraisal carried out at The Hague Forum in the Netherlands, 8–12 February 1999; the quinquennial review and appraisal of the implementation of the Programme of Action coordinated by the Population Division, Department of Economic and Social Affairs of the United Nations Secretariat; and views and assessments received from 132 countries in response to a field inquiry conducted by the United Nations Population Fund (UNFPA) in mid-1998.

3. The report is organized into seven sections. The introductory section briefly outlines the major new focus on human well being, human rights, reproductive health and the empowerment of women embodied in the Programme of Action. Section I focuses on population and development concerns. Section II covers gender equality, equity and empowerment of women. Section III discusses reproductive rights and reproductive health. Section IV examines partnerships and collaborations. Section V focuses on the mobilization of resources. Each section outlines key future actions needed to achieve the goals and objectives agreed to at the International Conference on Population and Development and endorsed by the General Assembly. Finally, Section VI derives some conclusions from the review.

B. The vision of the Programme of Action of the International Conference on Population and Development

4. The Programme of Action of the International Conference on Population and Development, approved by consensus by 179 countries in September 1994, marked the beginning of a new era in population and development. The landmark agreement reached at the Conference makes the well-being of human beings, rather than human numbers, the focal point of all international activities designed to address issues of economic development and balanced, sustainable population growth. The Programme of Action is strongly rooted in the view that investing in health and education, respecting a human rights-based approach to reproductive health issues, and empowering women to become full and equal members of society are key actions necessary to bring about global stability and to create improved opportunities for all people.

5. The Programme of Action recommends a set of interdependent goals and objectives for the period 1995–2015. These include universal access to comprehensive reproductive health services, including family planning and sexual health; reductions in infant, child and maternal mortality; and universal access to primary education, with special attention to closing the gender gap. The subsequent plans of action endorsed at the 1995 World Summit for Social Development in Copenhagen, at the 1995 Fourth World Conference on Women in Beijing, at the 1996 second United Nations Conference on Human Settlements (Habitat II) in Istanbul and at the 1996 World Food Summit in Rome, all reinforced and sometimes expanded upon the objectives and goals of the Programme of Action.

I. Population and development concerns

A. Major population trends

6. Despite impressive declines in annual population growth rates, the world's population will exceed 6 billion in 1999 and will be between 7 billion and 7.5 billion by the year 2015.[2] It is estimated that population stabilization will not be reached for another 50 years, at the earliest. The highest rates of continuing population increase are occurring in the world's poorest countries. The average number of live births per woman in 1995–2000 is 1.6 children in the more developed countries, 3.1 in the less developed countries and

5.3 in the least developed countries. There are now over 1 billion young people between the ages of 15 and 24, constituting the largest cohort in this age group that the world has ever known; but at the same time, because of reductions in both mortality and fertility in the past 40 years, the number and proportion of people aged 60 years or over are also increasing in most parts of the world.

7. Impressive reductions in infant and child mortality, broadly consistent with the goals of the Programme of Action, continued throughout the 1990s. Progress continues to be made in the control of preventable diseases, in immunization coverage and in the control of diarrhoeal diseases, as well as in the promotion of breastfeeding. Infant mortality declined from 68 to 62 per 1,000 live births between 1990–1995 and 1995–2000.

8. However, not all mortality trends are positive. Maternal mortality remains high in sub-Saharan Africa and parts of Asia, and gains in life expectancy have slowed or actually reversed in some countries of Eastern Europe (because of increased social stress, worsening levels of nutrition and deteriorating health services) and in some parts of sub-Saharan Africa (as a result of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic).

B. Changing age structure and ageing of the population

9. More people today are living longer and, in the near future, higher proportions of most countries' populations will be age 60 years or over than at any time in the past. In fact by 2050, older persons will account for 22 per cent of the world's population. Currently more than 60 per cent of older persons live in the less developed countries, and this figure is rising rapidly.[3] Because of their longer life expectancy, females generally greatly outnumber males at the older ages. At the same time, there are now more young people — over 1 billion today are between the ages of 15 and 24. Meanwhile, the proportion of the population made up of children under age 15 declined from 34 per cent in 1950 to 30 per cent in 1998, and will drop further, to just 20 per cent by the year 2050.

10. Changing family structures and changing living arrangements in developed and in many developing countries are significantly influencing the nature of support available in old age. As more and more adults cease to live with their elderly parents, the economic security and welfare of older persons are becoming a growing concern, especially in countries where few retirees have savings or receive pensions.

11. **Progress**. Policy makers are becoming more aware of the implications of changing age structures for the provision of basic social services. In recent years, many countries have experienced a decline in their child population and a rise in the working-age population. This proportional increase of people of working age provides an opportunity for countries to increase both savings and investment in productive assets, as well as investments in health and education that can produce a more productive labour force. Indeed, eventual economic recovery from the East Asian economic crisis will be helped by the fact that the Governments of East Asian countries made such investments over the 25-year period of declining fertility and mortality in which their rapidly changing age structures presented this opportunity.

12. **Constraints**. Most developing countries lack the health-care infrastructure to cope with the increasing numbers and proportions of elderly persons, and many also lack basic social security systems. Many countries lack policies and programmes that address the diverse needs of older persons, so that maintaining and promoting the quality of life of older persons are becoming increasingly difficult.

Key future actions

13. Countries should:

(a) Continue to examine the economic and social implications of demographic change, and how these relate to development planning concerns and the needs of individuals;

(b) Invest more resources in research on conditions among older persons. Such research is needed to provide the basis for policies and programmes to address the needs of this age group, including strategies relating to (i) the economic and social security of the elderly; (ii) affordable, accessible and appropriate health-care services; (iii) increased recognition of the productive and useful roles that the elderly can play in society; (iv) support systems to enhance the ability of families to care for older family members.

14. Civil society, including non-governmental organizations and the private sector, should create opportunities for people over age 60 to continue contributing their skills both to the workforce and to community service in order to help foster inter-generational solidarity and enhance the stability of society.

15. The United Nations system should document the experience of policies and programmes in the area of ageing

in the more advanced countries, and disseminate information about best practices.

C. Internal and international migration

16. Vast movements of people from rural to urban areas in most developing countries have spawned megacities and huge peri-urban slums. Such movements often increase demands on already overburdened housing markets, urban infrastructures, transportation systems and basic social services. In addition, famine, civil war and ethnic disputes have created vast groups of displaced persons. The many and varied aspects of migration include the issue of documented migrants, human trafficking and refugee movements.

17. Widening economic disparities, poor governance, human rights violations, environmental degradation and the emergence or continuation of conflicts in several regions have contributed to increased levels of international migration. International labour migration has become the preferred option for many young people in developing countries characterized by high rates of unemployment and underemployment. An increasingly important and much more substantial flow of labour migration is between developing countries.

18. **Progress**. Many government policies have emphasized the need to create social conditions for accelerated economic growth; invest in health and education, especially for girls and women; alleviate poverty; and mobilize resources to improve settlements and services. Particular emphasis has been placed on strengthening urban management systems, promoting national development and integrating national economies into the global economy. In some countries, the integration of migrants and sanctions to combat illegal migration are being considered. Actions to address the issues surrounding involuntary migration include special assistance for refugee women and children.

19. To address international migration concerns, many sending and receiving countries are engaging in dialogue and negotiations at the bilateral and subregional levels. Several countries have signed readmission agreements, which can protect the basic human rights of migrants, while others have initiated or strengthened resettlement and rehabilitation programmes for refugees and returnees. A number of Governments have formulated policies on international migration, passed migration legislation or modified existing policies and laws governing migration. Regional and subregional consultation mechanisms have been created in a number of areas. Among these are the 1996 regional conference to address the problems of refugees, displaced persons and returnees in the Commonwealth of Independent States and the 1996 Puebla Process, which facilitates annual consultations between the countries of Northern and Central America at the ministerial level.

20. **Constraints**. Informed policy discussion is impeded by a severe lack of reliable data and analysis on migration flows, particularly for assessing the benefits of migration, addressing measures related to human rights and welfare and examining the political and environmental problems created by the often unanticipated and uncontrolled movements of people. Lack of adequate financial and human resources constrain the implementation of both internal population distribution and international migration policies and programmes. Migration issues continue to be politically sensitive, especially during times of economic recession, thereby complicating efforts to address them on the part of the Governments of both sending and receiving countries.

21. In some regions there has been a pronounced increase in levels of female migration, both within and among countries. Women, often on their own and without the support of other family members, now make up an increasing share of international labour migrants. There appears to be increased trafficking and exploitation of women and girls, as well as other practices that threaten their rights, health and safety.[4]

Key future actions

22. Governments should:

(a) Intensify efforts to safeguard the basic human rights of migrants, irrespective of their legal status, by monitoring human rights violations and by imposing sanctions on those who refuse to comply;

(b) Work to prevent international trafficking in migrants, in particular women and children sold for the purposes of sexual exploitation;

(c) Support bilateral and multilateral initiatives, including regional and subregional consultation processes, to address the specific problems and challenges posed by international migration.

23. Governments, with the assistance of the international community, should support more intensive efforts to improve data collection and analysis in the areas of internal and international migration; encourage studies designed to assess the causes of migration and the positive contribution that migrants make to both sending and receiving countries; and improve understanding of the links between globalization, poverty and migration.[5]

D. Poverty, economic development and the environment[6]

24. The financial and economic turmoil witnessed in East Asia, parts of Eastern Europe and Latin America, and the associated massive job losses and increases in poverty levels, have slowed and in some cases significantly reversed some of the development gains made during the previous three decades. Because of their precarious financial and economic situations and heavy debt burdens, numerous countries have reduced spending, and often disproportionately in the social sectors. Social safety nets to meet the basic needs of the poor are often non-existent or are disintegrating, with women and children being the worst affected. Furthermore, in many parts of the world, breakdowns in public administration, deteriorating infrastructures, ongoing structural adjustment programmes, reductions in the price of oil and other commodities, and social instability or subregional wars and conflicts have all served to reduced access to social services and have affected the ability of some countries to implement the Programme of Action. In addition, a series of natural disasters, prolonged drought in sub-Saharan Africa, large-scale flooding in parts of Asia and savage and destructive storms in parts of Central America and the Caribbean, have even further weakened the capacity of the affected countries to maintain or improve overall living conditions among the poor.

25. The countries most affected by the severe economic crises that started in mid-1997 usually have the weakest political and administrative structures. At the same time, they are subjected to the pressures of globalization and imperfect market conditions that perpetuate existing domestic inequities. The world's growing and highly skewed consumption of scarce resources, which supports extremely high living standards among a small proportion of the world's population, is unprecedented in human history. Juxtaposed thereto are growing gaps in consumption and in the resources that will be required to meet the basic living standards of the poorest. As access to clean water, food, habitation, transportation and jobs is denied to large numbers of the rural and urban poor, the drain on natural resources and the continued degradation of the environment continue.

26. **Progress**. Since the International Conference on Population and Development, numerous countries have taken steps to integrate population concerns into their development strategies by either establishing or strengthening institutional bodies dealing with population and development issues. Many countries have revised their population policies and several have reported explicit new policy measures which integrate population concerns into an overall development strategy. These measures include the revision of existing national population policies and programmes, with an emphasis on incorporating or giving greater prominence to issues such as education and training, gender equality, equity and women's empowerment, and population distribution and its interrelationship with poverty and the environment. Economists now have a better understanding of the linkages between population and development and of the importance of investments in the social sector. For example, recent macroeconomic studies show that reduced child-dependency ratios and declining fertility and mortality rates in developing countries contributed to economic growth over the period 1960–1995. Other studies generally conclude that in East Asia substantial declines in fertility in the last three decades were associated with a large upward swing in savings and investment, and helped set the stage for the region's rapid economic growth. Studies also indicate that fertility decline is not only a possible contributor to more rapid economic growth but also an outcome of factors associated with sound family planning programmes, economic growth, including increased education, especially of women, and women's increased participation in the salaried labour force.

27. Since the United Nations Conference on Environment and Development in 1992, the International Conference on Population and Development in 1994, and the United Nations Conference on Human Settlements (Habitat II) in 1996, awareness has increased about the interactions between population, resources and the environment, including the linkages between the size, distribution and composition of human settlements and environmental degradation. Many developing countries have produced national sustainable development plans and national conservation strategies, some of which take into account population variables. There has been an increase in the number of countries that have formulated local Agenda 21,[7] and that are in the process of implementing them.

28. **Constraints**. Countries are increasingly susceptible to the negative effects of globalization. War, ethnic rivalry and conflict, natural disasters and ineffectual government structures continue to contribute to poverty and environmental degradation. Imbalances in production and consumption patterns contribute to environmental degradation and resource depletion. Unregulated movements of toxic materials compromise people's health, particularly reproductive health. While national sustainable development plans have been formulated, there has been little progress in their implementation. Countries have cited the following constraints: (a) lack of a conceptual framework on the

interrelationships between population, environment and sustainable development; (b) lack of quality data; and (c) lack of trained human resources, which places severe limits on the range and scope of implementation measures.

Key future actions

29. Governments of industrialized countries should intensify efforts to promote public education about the need for reduced consumption patterns; foster sustainable resource use; and work concertedly throughout their regions to prevent environmental degradation.

30. Governments of developing countries, with the assistance of the international community and donors, should:

(a) Continue to support declines in infant and child mortality rates by strengthening infant and child health programmes that emphasize improved nutrition, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention and improvements in household sanitation;

(b) Conduct studies to demonstrate the potential benefits to be derived from the relatively modest funding level required for the implementation of the Programme of Action;

(c) Implement legislative and administrative measures to promote balanced patterns of consumption and production;

(d) Increase dialogue between planning agencies, ministries involved in social sector programmes and the ministries of finance to draw attention to and promote linkages between macroeconomic policies and social policies;

(e) Intensify efforts to equip planners and decision makers with a better understanding of the relationships between population, poverty, the environment, resources and development; and to improve the methodologies required for formulating policies, and for monitoring their implementation.

E. Population and education

31. Following the World Conference on Education for All: Meeting Basic Learning Needs, held in Jomtien, Thailand, in 1990, the International Conference on Population and Development underlined the need for complete access to basic education for both girls and boys as soon as possible, and in any case, before the year 2015. It also stressed that in order to close the gender gap in primary and secondary school education by the year 2005, girls must be kept longer in school.

32. **Progress**. There is continued progress in the implementation of policies that ensure equal educational opportunity for girls and boys, especially in basic education. Many developing countries are close to achieving universal access to primary education. Since the International Conference on Population and Development, many Governments have adopted national action plans or strategies that support and encourage the education of girls. Some countries have placed greater emphasis on providing free education or scholarships, increasing the number and location of schools, and revising curricula to make them more gender-sensitive. Some have introduced legal measures to support the right of girls to education. These initiatives have contributed to an increase in the primary school enrolment ratios of girls in numerous countries. In most regions of the world, the female primary enrolment ratio as a proportion of male enrolment now exceeds 80 per cent.

33. **Constraints**. Most countries in South Asia and sub-Saharan Africa have a considerable way to go in achieving the objectives of universal access to basic education and closing the gender gap. Children living in conditions of poverty, particularly girls, have the lowest education participation rates. In most developing countries, school drop-out rates are high at all levels, particularly during the transition between primary and secondary school. Low-income families in developing countries are often unable to meet the costs of school uniforms, fees, books and transport. Retention rates, especially among girls, are often poor. Moreover, high pupil-teacher ratios, inadequate or inappropriate curricula (often discriminating against girls), insufficiently trained teachers and inadequately equipped schools all lower the quality of education in many countries.

Key future actions

34. Countries should, as quickly as possible, and in any case before the year 2015, meet the International Conference on Population and Development goal of achieving universal access to primary education; close the gender gap in primary and secondary school by 2005; and strive to ensure that by 2005 the net primary school enrolment rate for children of both sexes will be at least 90 per cent, as compared with an estimated 85 per cent in the year 2000.

F. Data systems, including indicators

35. A reliable information base, including the availability of regular statistical data, is indispensable for the formulation, implementation, monitoring and evaluation of population and reproductive health policies and programmes. In particular, there is a need for robust data from which to compile indicators to track progress towards the achievement of International Conference on Population and Development and other important development goals.

36. **Progress**. Considerable progress has been made in the identification and specification of indicators for measuring progress in the implementation of population and reproductive health programmes, as well as for the achievement of other social development goals. Notable global indicator sets include that of the basic social services for all (BSSA), the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD)/World Bank/United Nations set and the Minimum National Social Data Set (MNSDS). Some progress has also been made in establishing national information systems and other monitoring mechanisms. UNFPA is working to produce more specific benchmark indicators measuring levels of access to reproductive health care.

37. **Constraints**. Data collection is costly, and several countries are unable to give sufficient priority to building sustainable statistical capacity. Many countries still lack the capacity and resources to conduct censuses and surveys without external technical and financial assistance, and some have not been able to conduct a population census for over 10 years. Data for the improved management of quality reproductive health programmes, and indicators for monitoring progress in their attainment are not yet regularly available or uniformly collected and utilized. Data on sex differentials are frequently of low quality or unavailable.

Key future actions

38. Countries, with the assistance of the international community and donors, should strengthen national information systems to produce reliable statistics on a broad range of development indicators in a timely manner. The indicators to be collected should include poverty rates at the community level, women's access to economic resources, overall access by populations in need to reproductive health care services and gender-sensitivity in sexual and reproductive health. All data and information systems should ensure availability of gender-disaggregated data, which is crucial to translating policy into strategies that address gender concerns and to developing appropriate gender impact indicators for monitoring progress. Countries should collect the quantitative and qualitative data needed to assess the status of adolescent reproductive health; and to design, implement, monitor and evaluate action programmes.

39. Donors should specifically be urged to strengthen the capacity of countries, particularly the least developed countries and those with economies in transition, to undertake censuses and surveys on a regular basis.

II. Gender equality, equity and empowerment of women

40. The International Conference on Population and Development affirmed that the empowerment and autonomy of women, and the improvement of their political, social, economic and health status, constitute an important end in themselves and one that is essential for achieving sustainable development. There should be full participation and partnership of both women and men in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household.

41. **Progress**. In response to the consensus reached at the International Conference on Population and Development, and reinforced at the Fourth World Conference on Women (Beijing, 1995), many countries have revised legislation that discriminated against women and girls and have taken measures to improve the legal and socio-economic status of women and the girl child. Several Governments have put in place initiatives to increase the representation of women in policy- and decision-making processes. Gender-based violence, once a taboo and ignored subject, is now being openly acknowledged and publicly stigmatized and is punishable under the law. Several countries have enacted laws protecting women from violence and codes of family law have been revised to include issues of domestic violence. A number of countries are enforcing laws pertaining to women's property rights; where such laws do not exist, efforts are being made to pass such legislation.

42. Many countries have made progress in outlawing harmful traditional practices that compromise the well-being of the girl child. A number of countries have passed statutes outlawing female genital mutilation and have undertaken information campaigns on this and other practices injurious to the health and well-being of the girl child. Legislation prohibiting prenatal sex selection has been passed in a number of countries.

43. Efforts have been made to encourage men to take responsibility for their reproductive and sexual behaviour and health and to support women's health.

44. Civil society organizations have intensified their advocacy and information campaigns to make women aware of their basic human rights, particularly their right to reproductive sexual health. Various groups in civil society, particularly women's groups, are working on their own or in tandem with Governments, to devise indicators to measure progress in reaching the International Conference on Population and Development and Beijing goals and to chart progress in achieving gender equality, equity and empowerment of women.

45. At the international level, there has been increased recognition of and dialogue on the need to promote and protect women's right to reproductive and sexual health. This is evidenced by the commitment of the human rights treaty bodies to applying human rights standards to secure women's health, particularly their sexual and reproductive health.

46. **Constraints**. The persistence of traditional and cultural attitudes and practices that discriminate against and subordinate women continues to obstruct the realization of the International Conference on Population and Development objectives with regard to reproductive health and rights. Awareness of systematic patterns of discrimination against women and girls has increased in many countries, but there has been insufficient political support to reverse these attitudes and practices. Even in countries where laws have been passed to guarantee and protect the rights of women, discriminatory attitudes and practices persist, including among those charged with the responsibility of interpreting and enforcing such laws.

47. The adoption and institutionalization of a gender perspective in population and development programmes entail a long-term process. They require the application of gender analysis in the formulation of policies and in the development and implementation of programmes as well as in international cooperation. The adoption of this approach has been hampered by the absence of a proper understanding of how to interpret concepts related to gender issues in different social and cultural contexts. Staff in many institutions lack the requisite technical capacity to undertake gender analysis and to design, implement and monitor programmes from a gender perspective.

48. In many countries, women are still unable to exercise their human rights. Even where legal reform has been undertaken, women still lack protection for exercising their rights, including their right to reproductive health. Legal mechanisms to monitor gender equality and equity are still weak. Women continue to face intolerable levels of violence at all stages of their life cycle, and in both their private and their public lives. The feminization of poverty has increased new forms of violence, such as trafficking and forced prostitution. Women are often also the major victims of wars and civil conflict.

49. The nutritional deficiencies faced by females and their unequal access to health care in many countries continue to contribute to sex-based disparities in child survival rates and to high levels of maternal mortality and morbidity. In some settings experiencing rapid declines in economic security, girls and women are frequently more disadvantaged than men. Among the ways that increasing poverty manifests itself is in intensified inter-generational violence (including rape and incest) within families, as well as increases in prostitution and the trafficking of girls and women.

50. The persistence of social and cultural attitudes constrains men from sharing in family responsibilities. Men are generally not engaged in the discourse on gender equality and empowerment of women, either at the community or at the policy level; and they still do not take sufficient responsibility for their sexual and reproductive behaviour.

Key future actions

51. Countries should ensure that the human rights of women and girls, including economic, social and reproductive rights, are protected through the development and effective enforcement of gender-sensitive policies and legislation. All countries should sign and ratify the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex) and remove all existing reservations.

52. The International Conference on Population and Development reproductive rights approach to population and development policies and programmes needs to be further developed and strengthened, and it should include mechanisms for consultations with women's organizations and other equity-seeking groups. Human rights education, including reproductive rights, should be incorporated into both formal and informal education processes.

53. A gender perspective must be adopted in all processes of policy formulation and implementation and in the delivery of services. Specifically, the gender-differentiated impact of globalization of the economy and of the privatization of basic social services, particularly reproductive health, should be closely monitored. Specific mitigating measures should be adopted, especially for poor women. Special programmes

and institutional mechanisms must be put in place to safeguard the health and well-being of older women. Their reproductive health needs throughout the life cycle must be addressed.

54. The institutional capacity and technical expertise of staff in Government, and civil society, especially non-governmental organizations, should be strengthened in order to promote gender mainstreaming.

55. Governments, civil society and the United Nations system should advocate for the human rights of women and girls; for the full participation of women in decision-making processes; and for the eradication of all forms of violence against women, including female genital mutilation, rape and sexual violence.

56. There should be zero-tolerance for all forms of violence, including rape, incest, sexual violence and sex trafficking, against women and children. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The Declaration and Agenda for Action (A/51/385, annex) adopted by the Congress against Commercial Sexual Exploitation of Children, held at Stockholm in August 1996, should be implemented. The girl child should be protected, particularly from harmful traditional practices, and her access to health, education and life opportunities should be promoted. The role of the family, and especially of fathers, in safeguarding the well-being of girls should be enhanced and supported.

57. Governments should strengthen policies to promote changes in attitudes and beliefs that discriminate against and subordinate women and girls. Parliamentarians, the media and other similar groups have an important role to play in promoting gender equality and equity. These groups should adopt and strengthen their strategies to tackle negative attitudes about women and assist in enhancing the value placed on women by society. All leaders, especially men at the highest levels of policy- and decision-making, should speak out in support of gender equality, empowerment of women and protection of the girl child.

58. Men should become involved in defining positive male role models that enable them to play a more proactive role in supporting and safeguarding women's reproductive health, and that facilitate the socialization of boys to become gender-sensitive adults. Services should be set up to meet men's own needs for reproductive and sexual health, and men should be supported in taking responsibility for their own sexual behaviour and reproductive health. This should be done without diminishing reproductive health services for women.

III. Reproductive rights and reproductive health

A. Ensuring reproductive rights and promoting reproductive and sexual health

59. Within the International Conference on Population and Development definition of integrated and comprehensive reproductive health, three central objectives are generally recognized: meeting the large unmet need for family planning; reducing maternal mortality; and preventing and treating reproductive tract infections and sexually transmitted diseases (STDs), including HIV/AIDS. There is increasing recognition of the need to integrate these services into primary health care, and to ensure that priority is maintained for reproductive and sexual health and reproductive rights as programmes become decentralized. The Programme of Action of the International Conference on Population and Development also recognizes that gender relations significantly affect sexual and reproductive health and that men need to take responsibility for their own sexual behaviour as well as respect and support the reproductive rights of their partners. For individual women and men to be able to make voluntary decisions about their reproductive lives and protect their reproductive and sexual health, they need access to a range of information and services. It is the primary responsibility of Governments, in collaboration with civil society, to ensure that these are universally available and accessible.

60. **Progress**. There is increasing acceptance of the fact that the right to health, including reproductive health, is a basic human right, and that it includes women's right, free from coercion, discrimination and violence, to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health. Almost all countries have now begun to make reproductive health programmes operational. Many countries are adopting an approach based on human rights, equity and needs, and are seeking both the greater participation of civil society in determining priorities and more decentralization of the responsibility for providing the information and services required to meet the needs. Countries that previously had a top-down, target-driven approach are changing to a needs-based approach.

61. Since the International Conference on Population and Development, many countries have made both specific policy and/or institutional changes in reproductive health care and significant progress in expanding the range of reproductive health services provided, particularly at the

primary health care level. This has been achieved by strengthening or adding to pre-existing maternal and child health c mily planning services components related to materna health; reproductive tract infections, STDs and HIV/AIDS; and adolescent reproductive health. There are also increased efforts to promote a holistic reproductive health mentality among service providers. Progress has also been made in terms of improved referral systems; better training of service providers; and measures to promote and broaden men's responsibility in sexual and reproductive health. The United Nations system has also adopted a more coordinated and collaborative approach to supporting countries in these efforts.

62. The growing need for reproductive health care in emergency situations has been clearly acknowledged, and several United Nations agencies and international non-governmental organizations are now working together to meet these needs.

63. **Constraints**. The integrated and comprehensive reproductive health approach is still not fully understood, and its importance is not always sufficiently appreciated.[8] The terms "reproductive health" and "sexual health" are not easily translatable into a number of languages. Even where the reproductive health approach is well understood, there is not always a clear understanding of how to prioritize its various elements. As a consequence, reproductive health does not always receive sufficient priority and adequate funding from Governments and international donors. In addition, the fundamental relationship between the traditional roles and empowerment of women and girls, and the attainment of reproductive health is still not widely recognized, especially at policy-making levels. Finally, health, including reproductive health, policies do not yet consistently reflect a human rights approach,[9] and many institutional structures still lag behind policy commitments.

64. There is still insufficient commitment to improving the quality of reproductive health care, as perceived by clients. Studies reveal that improvements in the quality of service provision can be made at reasonable cost and that some of these costs will be offset by more effective use of services and by reductions in reproductive ill health. Reproductive tract infections, which continue to pose grave threats both to women's lives and to their well-being, are still not widely acknowledged, nor adequately addressed.

65. The determinants of reproductive and sexual health go far beyond the health sector itself. There is a continuing need to include social, cultural, economic and behavioural dimensions in the planning and implementation of reproductive health policies and programmes. This requires the involvement of many other sectors in a partnership to remove barriers to access and create a more enabling environment.

66. Health sector reforms and sector-wide approaches do not always give sufficient priority to sexual and reproductive health.

67. Although the capacity and mechanisms to respond to reproductive health needs in emergency situations have begun to improve, health personnel skilled in offering high-quality reproductive health information and services are not always available in these situations.

Key future actions

68. Governments should:

(a) Ensure that policies, strategic plans, and all aspects of the implementation of reproductive health programmes are based on human rights, and that such programmes cover the full life cycle;

(b) Facilitate policy development processes that are participatory and that include all stakeholders;

(c) Engage all relevant sectors in the development, implementation, monitoring and evaluation of reproductive health policies;

(d) Establish long-term strategic partnerships with all civil society partners, including non-governmental organizations, to strengthen the planning, implementation, monitoring and evaluation of reproductive health programmes;

(e) Strengthen community-based services and social and subsidized marketing, which are vital extensions of reproductive health care services; and explore new partnerships with the private sector;

(f) Increase investments designed to improve the quality of reproductive health care. This might be achieved, for example, by establishing and monitoring standards of care; ensuring the competence — particularly the technical and communication skills — of service providers; providing a full range of safe and effective contraceptive methods, including the female condom and emergency contraception; establishing user-friendly (particularly women- and adolescent-friendly) services; ensuring respect, privacy and client comfort in all service contacts; and ensuring that logistics systems are fully functional;

(g) Ensure that reproductive health programmes address the causes of reproductive tract infections, including unhygienic menstrual practices; unhygienic service delivery, such as unhygienic post-abortion care; traditional practices

such as female genital mutilation; sexual violence; and early initiation of sexual activity, in order to minimize their adverse health consequences, such as pelvic inflammatory disease; infertility; ectopic pregnancy; and pelvic pain;

(h) Give high priority to reproductive and sexual health, and ensure equity of access to information and services when implementing health sector reform and sector-wide approaches;

(i) Promote men's understanding of their roles and responsibilities for respecting women's rights; protecting women's health; preventing unwanted pregnancy, maternal mortality, and transmission of STDs and HIV/AIDS, particularly by inflicting sexual violence on girls and women both in and outside of marriage; supporting their partner's access to reproductive health care; and sharing domestic duties.

69. Countries should measure access to and choice of family planning methods, and use this together with the indicators for maternal mortality and HIV/AIDS (as given below in paras. 84 and 96) as evidence of progress towards the International Conference on Population and Development goal of universal access to reproductive health care. Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005. The United Nations system, in consultation with countries, should, before 2005 and as soon as possible, develop benchmark indicators for access to reproductive health care, and support countries in their efforts to collect the necessary data.

70. The United Nations system and donor countries should:

(a) Support the building of national capacity to plan, manage, implement, monitor and evaluate reproductive health programmes;

(b) Strengthen national efforts to ensure that all persons in emergency situations, particularly women and adolescents, receive appropriate health care, including reproductive health care, and greater protection from sexual and gender-based violence;

(c) Ensure that all health workers in relief and emergency situations are given basic training in reproductive health care information and services.

B. Ensuring access to quality family planning services

71. The objectives of family planning, as stated in the Programme of Action, are to "... help couples and individuals meet their reproductive health goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their rights to choose the number, spacing and timing of the birth of their children (para. 7.14 (a))."

72. **Progress**. Over the past five years, there have been increases in contraceptive prevalence rates in all regions of the world. The total contraceptive prevalence rate is currently 57 per cent worldwide; for modern methods, it is 49 per cent. A wider range of contraceptive choices has become available, including once-a-month injectables and the female condom.

73. Health ministries and family planning agencies in some countries have begun to pay increased attention to the quality of the services they provide and to improved counselling strategies that are responsive to the expectations of clients beginning or continuing to use contraceptive methods. Programmes are also starting to offer users a wider choice of methods adaptable to people's widely varying fertility choices, health status, age and life circumstances. Social or subsidized marketing strategies have been successful in increasing access to contraceptives, including male and female condoms. Advocacy campaigns targeting men have been helpful in increasing the use of condoms and vasectomy.

74. **Constraints**. Logistical, social, cultural, financial and behavioural obstacles still prevent more than 150 million women from having access to high-quality family planning information and services.

Key future actions

75. Countries should:

(a) Allocate resources to meet the growing demand for access to information, counselling, services and follow-up on the full range of safe and effective contraceptive choices, including new options such as the female condom and emergency contraception, and underutilized methods such as vasectomy and condoms;

(b) Ensure quality counselling services, and technical standards of care, as well as informed and free consent in a context of confidentiality and respect;

(c) Strengthen logistics systems and management capacity to ensure the availability and security of all family planning and reproductive health commodities;

(d) Provide subsidies, from public resources and donor funds, to ensure availability and access to contraceptives for poor people.

76. The United Nations system, international non-governmental organizations and the private sector are urged to pursue the research and development of new, safe, low-cost and effective contraceptive methods, especially for men, and to assist countries in ensuring contraceptive security.

C. Reducing maternal mortality

77. The International Conference on Population and Development goal is for countries to reduce maternal mortality levels to one half of the 1990 levels by the year 2000. Although current global figures for maternal mortality are not known, it is estimated that, in 1990, there were 585,000 maternal deaths, the vast majority in developing countries.[10] For every woman who dies, it is estimated that many more suffer severe injury or ill health. The World Health Organization (WHO) estimates that currently some 20 million unsafe abortions take place in developing countries each year and that 80,000 women die as a result, accounting for approximately 14 per cent of all maternal deaths.[11] The International Conference on Population and Development goal of reducing maternal mortality by one half by the year 2000 will not be achieved. Levels of maternal mortality remain high, and particularly so in sub-Saharan Africa and parts of South Asia, particularly because of the low economic status of women. Women in developing countries face a risk of death in pregnancy and childbirth that often continues to be 200 or 300 times greater than that of women in developed countries.

78. **Progress**. The International Conference on Population and Development established that safe motherhood is both a development issue and a human rights imperative and since then, there has been a far greater awareness of the issue of maternal mortality and morbidity. A number of countries have begun to strengthen the maternal health components of their reproductive health programmes, but it has not yet been possible to document their impact.

79. Most countries are strengthening efforts to prevent unwanted pregnancies, and some are working more systematically to reduce the health impact of unsafe abortion. In recent years, substantial declines in levels of abortion have been documented in a number of countries in Central and Eastern Europe/newly independent States and in the Central Asian republics, as a result of increased availability and use of modern contraceptives. Some progress has been made in training health-care providers and equipping hospitals in the management of complications arising from abortion, and several developing countries have developed special approaches to improving post-abortion services and care.

80. **Constraints**. In many developing countries, the major and persistent factors contributing to high levels of maternal mortality and morbidity are the poor overall condition of women, including their nutritional status (often beginning in infancy and childhood) and high levels of anaemia; lack of access to assisted delivery and emergency obstetric services; early pregnancy and childbearing; cultural obstacles to women's decision-making; and insufficient access to reproductive health and family planning services. Life-threatening complications of pregnancy and childbirth are not always predictable, and risks are substantially increased by lack of detection, of early referral and of transportation of women who require emergency obstetric care from a skilled and properly equipped service provider.

81. Reducing maternal mortality is not constrained so much by lack of technology as by insufficient political commitment and resources, and by the failure to prioritize effective interventions.

82. Almost all countries allow abortion to save the lives of pregnant women. Only a few, however, have made progress in ensuring that, in all circumstances where it is not against the law, there are sufficient trained and skilled personnel and facilities to ensure that the procedure is safe and accessible. Services to treat women suffering from life- and health-threatening complications of unsafe abortion are often not available.

Key future actions

83. Countries should:

(a) Recognize and promote the reduction of maternal mortality as a human rights issue;

(b) Ensure that maternal health services always include the key set of interventions (particularly assisted delivery and emergency obstetric care) that will have an impact in reducing maternal mortality and morbidity;

(c) Develop appropriate interventions, beginning in early infancy, to improve the nutritional, health and educational status of the girl child and young women so that they are better able to make informed choices about childbearing, and obtain access to services;

(d) Recognize and deal with the health impact of unsafe abortion as a major public-health concern by reducing the number of unwanted pregnancies through the provision of family planning counselling, information and services; by ensuring that health services are able to manage the complications of unsafe abortion; and by following the recommendations of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development. Where it is legal, abortion should be safe and accessible. Laws containing punitive measures against women who have undergone illegal abortions should be reviewed.

84. In order to monitor progress towards the achievement of the International Conference on Population and Development goals for maternal mortality, countries should use the proportion of births attended by skilled attendants as a benchmark indicator. By 2005, 78 per cent of all births should be attended by skilled attendants.

85. The United Nations system, donors and international non-governmental organizations should continue to advocate for the recognition of maternal mortality as a public-health and human rights issue; to promote effective interventions; and to support countries in their efforts to reduce maternal deaths.

D. Preventing and treating human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and sexually transmitted diseases (STDs)

86. HIV infection continues to be a major public-health issue throughout the world. The Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) estimates that 33.4 million people were living with HIV/AIDS in 1998 and this number is expected to increase to about 40 million in 2000. Two thirds of the people infected by HIV/AIDS worldwide are in sub-Saharan Africa. Life expectancy has begun to decline in some countries with severe HIV/AIDS epidemic. Since the beginning of the HIV/AIDS epidemic, an estimated 10.7 million adults (of whom 4.7 million were women) and 3.2 million children have died from the disease.[12] While women currently account for 43 per cent of all adults living with HIV/AIDS, young women are disproportionately affected. For example, in a number of countries in Africa the rate of infection among girls aged 15–19 has been documented as being up to six times higher than among boys in the same age group.[13] Many infants acquire HIV infection from their HIV-infected mothers.

87. Anti-retroviral drugs and drugs for the treatment of opportunistic infections are now available, but these are costly. Manufacturers are beginning to donate anti-retroviral drugs in some developing countries, but the number of sufferers benefiting is still minimal. There is general consensus that the best way of reducing HIV transmission is by reducing the spread of new infections through behaviour change promoted by mass media and through education programmes aimed especially at young people.

88. At least 330 million new cases of curable STDs occur every year. STDs greatly increase the risk of HIV transmission, and also cause infertility and cervical cancer, from which, it is estimated, 300,000 women die each year.

89. **Progress**. There is broad agreement that the prevention and control of HIV/AIDS and STDs should be an integral component of reproductive health programmes. Since the International Conference on Population and Development, various efforts have been made to develop and test strategies to integrate HIV prevention and STD management into existing programmes. In addition, some countries are beginning to provide the female condom, and research continues on microbicides in recognition of the fact that women need protective methods over which they have control.

90. Evidence shows that efforts to prevent HIV/AIDS through behavioural change and condom distribution are cost-effective and can work well. In some countries of Asia and Africa, which have demonstrated strong leadership, commitment, allocation of resources and a willingness to work with civil society partners, the rate of HIV infection has begun to decline, particularly among younger age groups, army conscripts and commercial sex workers.[14]

91. **Constraints**. In many countries, there is still a reluctance to acknowledge the gravity and breadth of the HIV/AIDS pandemic, to acknowledge its likely impact on the quality of life and to provide the required commitment and resources.

92. Despite awareness that reducing the spread of HIV/AIDS and STDs requires changes in intimate aspects of human relationships and human behaviour, values and norms regarding relationships, and power imbalances between women and men, there is often a reluctance to address these issues at the programme level. Sexual violence against women in marriage, and against younger women by older men is also a major cause of HIV infection.

93. There is a lack of affordable, simple and effective technologies for the prevention and management of HIV/AIDS and STDs, particularly microbicides and simple diagnostic tests.

Key future actions

94. Governments, at the highest political levels, should commit themselves to taking urgent action to prevent HIV transmission, improving care for HIV-infected persons and taking steps to mitigate the impact of the AIDS epidemic, through mobilization of the health, education, social welfare and other sectors, and all segments of civil society.

95. Countries should ensure that prevention of and services for HIV/AIDS and STDs are an integral component of reproductive health programmes at the primary health care level. They should ensure wide provision of and access to female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns, supported from the highest levels of Government, should promote responsible and safer sexual behaviour; mutual respect; and gender equity in sexual relationships. They should also scale up, where appropriate, pilot projects aimed at preventing mother-to-child transmission of HIV.

96. Countries, with the assistance from the United Nations system and donors, should, by the year 2005, ensure that at least 90 per cent of young men and women aged 15–24 have access to the information and the skills required to reduce their vulnerability to HIV infection. Countries should use, as a benchmark indicator HIV infection rates in persons 15–24 years of age, with the goal of ensuring that, by the year 2005, transmission of HIV in this age group is reduced (a) globally and (b) by 25 per cent in the 25 most affected countries.

97. Private and public sector investments should be increased in research on microbicides, simpler and inexpensive diagnostic tests, single-dose treatments for STDs and vaccine development. There should be negotiation of special prices for HIV drugs for developing countries.

E. Promoting adolescent sexual and reproductive health

98. There are currently over 1 billion young people aged 15–24, the largest number ever in this age group. Close to 17 million girls under the age 20 give birth each year, some as young as 10–14 years of age. Most of these pregnancies are unplanned, and it is estimated by WHO that as many as 4.4 million abortions are sought by adolescent girls each year. Many adolescents face serious risks of STDs. More than 50 per cent of all new HIV infections occur among persons 15–24 years of age. Young girls are at particular risk from older men. Many adolescents lack formal education, work and beneficial recreation; many live in extreme poverty; and many are not sufficiently aware of the dangers they face and are ill equipped to protect themselves from taking potentially life-threatening risks. Many adolescents are married and therefore require access to a broad range of reproductive health information and services. Measures to prevent unwanted pregnancy, unsafe abortion and STDs, including HIV/AIDS, are essential to the health of adolescents as well as the future health of nations.

99. **Progress**. Adolescent reproductive health issues are now clearly part of the public-health agenda in a number of countries that have adopted policies, standards and mechanisms to address the needs of adolescents. Some countries have incorporated adolescent reproductive health components into youth programmes and national health plans, or have established youth offices within ministries. A number of countries have also made significant progress in providing information and services for adolescents. Early marriage and some harmful practices against girls are on the decline. The need to listen to and consult young people themselves is being increasingly regarded as a vital input to the planning and implementation of programmes offering information and services to adolescents.

100. Countries that provide sex education to young people at all levels of the school curriculum, and in which services also exist, have observed delays in the onset of sexual activity and reductions in unwanted pregnancy, unsafe abortion and STDs, including HIV/AIDS.

101. **Constraints**. Although there is growing acceptance of the importance of addressing adolescent reproductive health care needs, such awareness is not being translated consistently into operational action at the country level. In many developing and developed countries, adolescent sexuality and the reproductive health service needs of young people are still sensitive issues among policy makers, parents and teachers. In many countries, restrictive laws and regulations impede implementation of the Programme of Action in areas such as sexuality education and adolescent access to reproductive health services. Adolescent reproductive health programmes, where they exist, often lack wide coverage, especially in rural areas; are sometimes too narrowly focused; and often do not engage young people in their design or implementation. Where information, education and communication programmes for young people

do exist, they are often not linked to reproductive health services.[15]

Key future actions

102. Countries, with the increased participation of civil society, including non-governmental organizations, donors and the international community, should:

(a) Continue to advocate for the protection of adolescent reproductive health and to assist countries in identifying effective and appropriate strategies to achieve this goal;

(b) Develop national plans for youth that cover education, professional and vocational training, income-generating opportunities and sexual and reproductive health information services. Young people themselves should be involved in the design and implementation of such plans;

(c) Promote the central role of the family in educating children and shaping their attitudes, while still recognizing the rights of adolescents to take responsibility for their own behaviour and lives; and ensure that parents are educated about, and involved in, providing information to adolescents, so that they can fulfil their rights and responsibilities in the sexual and reproductive health education of young people;

(d) Promote the responsibility of fathers to be positive role models and mentors for their adolescent children, particularly their daughters, in order for them to develop their self-esteem and to enable them to take responsibility for their own lives;

(e) Ensure that adolescents, both in and out of school, receive the necessary information and education to enable them to make informed choices and decisions regarding their sexual and reproductive health. Teachers should receive adequate training in this area;

(f) Review and modify existing laws, regulations and practices that may prevent the access of adolescents to the information and services they need.

103. All countries concerned about providing adolescent reproductive health services should examine the experience of countries that have addressed these issues in order to find suitable models for their own settings.

IV. Partnerships and collaborations

104. The Programme of Action of the International Conference on Population and Development recognizes that broad and effective partnerships between Governments and non-governmental organizations, comprising not-for-profit groups and organizations at the local, national and international levels, are essential to implementing the consensus reached at Cairo. It also acknowledges that the experience, capabilities and expertise of many non-governmental organizations and local community groups can contribute towards successful implementation of population and development policies. The Programme of Action states that the private, profit-oriented sector plays an important role in social and economic development, including the production and delivery of reproductive health care services and commodities and the provision of appropriate education and information relevant to population and development issues.

105. **Progress**. Since the International Conference on Population and Development, the roles, responsibilities and supportive participation of civil society in the population and reproductive health arena have dramatically increased. Many Governments now recognize and support the involvement of civil society in the implementation of the Programme of Action and include civil society organizations in the formulation, implementation, monitoring and/or assessment of population policies, plans and programmes.

106. In some countries, Governments have taken significant measures to strengthen the institutional capacity of civil society, including the provision of funding and the removal of cumbersome legal restrictions.

107. In several countries, non-governmental organizations have established a national coordinating group for International Conference on Population and Development advocacy and implementation. Some non-governmental organizations have made progress in strengthening their institutions and in building coalitions. There is evidence of increased involvement of such partners as women's groups, advocacy organizations, youth groups, religious leaders and communities and private sector associations.

108. Many Governments and international organizations are exploring and facilitating new types of partnerships between Governments and the private sector. The private sector is also developing new, improved and affordable reproductive health technologies for STD/reproductive tract infection prevention and control.

109. Coordination among United Nations organizations has intensified. Since 1995, 18 United Nations organizations and the Bretton Woods institutions have worked together as part of the Administrative Committee on Coordination (ACC) Task Force on Basic Social Services for All. Enhanced system-wide coordination for follow-up to all United Nations conferences and summits is an essential feature of the United Nations reform process. In response to the HIV/AIDS pandemic, a new entity, the Joint and Co-sponsored United Nations Programme on HIV/AIDS, has been formed so that the system can respond more effectively to this crisis. In addition, the WHO/United Nations Children's Fund (UNICEF)/UNFPA Coordinating Committee on Health (CCH) has been established in acknowledgment of the importance of reproductive health in the entire health sector.

110. The importance of South-South cooperation has been recognized. There are several examples of exchanges between Asia, Latin America and Africa, as well as among Muslim countries. Such exchanges build capacity for implementing the outcome of the International Conference on Population and Development through training and policy advice and have the added advantage of taking place in common cultural and development settings.

111. Parliamentarian networks have been strengthened and expanded at all levels. Parliamentarians have been instrumental in ensuring provision of national budgetary allocations for population and development programmes.

112. **Constraints**. Despite some progress, much more has to be done to strengthen the human resource, institutional and managerial capacities and financial sustainability of civil society organizations. non-governmental organizations are good advocates, but their capacity to implement programmes must be strengthened.

113. There is a lack of mechanisms for dialogue between civil society organizations and Governments. Also, networking among civil society organizations remains weak, particularly at the national level.

114. A lack of transparency, accountability and responsiveness to constituencies may be obstacles preventing civil society groups from mobilizing additional public and financial support.

115. Dependence on external funding often leads to increased competition for limited funds between Governments and non-governmental organizations, as well as among non-governmental organizations themselves. At times, the dependence on external funding has hindered strategic planning on the part of non-governmental organizations. A major constraint faced by both civil society and Governments is the lack of mechanisms for coordination, funding and accountability at the national level.

116. Resource constraints and an inadequate dossier of available skills and opportunities for exchanges have limited the use of South-South cooperation. The extension and further strengthening of the South-South modality have also been acutely affected by current financial and economic crises in many regions of the world.

Key future actions

117. Clear legal frameworks, regulations and guidelines need to be developed and adopted. Governments should ensure the legitimacy and autonomy of civil society organizations by adopting policy measures and removing legal and bureaucratic obstacles so as to facilitate their involvement in policy discussions and in the formulation, implementation, monitoring and evaluation of programmes.

118. Governments and civil society should work together to create an enabling environment for partnership by formulating underlying conceptual principles, an operational framework and goals and objectives, so that the respective roles and responsibilities of each are clearly defined and understood.

119. Civil society organizations should design innovative approaches and establish mechanisms to promote and strengthen their human resources, institutional capacities and sustainability. They should reach out to religious leaders and communities. Partnerships should be built with media groups, which can serve as effective advocates for disseminating the International Conference on Population and Development messages.

120. Governments and the international community should broaden the scope of their financial and technical assistance to building and strengthening the human resource, institutional, managerial and accounting capacity and sustainability of civil society institutions, particularly women's and youth groups.

121. The private sector should strengthen its engagement with civil society organizations and Governments in the implementation of the International Conference on Population and Development.

122. Parliamentarians should promote legislative reform necessary for implementing the Cairo consensus. They should mobilize the funding necessary for their countries to meet International Conference on Population and Development commitments and should be advocates for the

Programme of Action. There should be regular exchanges of experiences among various regional and interregional networks.

123. For the full potential of South-South activities to be realized, external funding will continue to be necessary. It is also important to compile a "roster" of institutional and human resources available in developing countries, so that the need for and the availability of skills can be matched.

V. Mobilizing resources

124. The International Conference on Population and Development specified the magnitude of the financial resources, both domestic and external, necessary to implement the Programme of Action. It estimated that in the developing countries and in countries with economies in transition, implementation of the population and reproductive health programmes (the "costed package") will require $17 billion a year by the year 2000 and $21.7 billion a year by 2015. Approximately two thirds of these resources are projected to come from domestic sources, and one third from the international donor community.

125. **Progress**. Following the International Conference on Population and Development, international assistance for population and reproductive health programmes increased to $2.0 billion a year in 1996. Two countries reached or exceeded an allocation of 4 per cent of their official development assistance (ODA) to population. In 1997, however, there was a decrease of $100 million in the external flow of resources. If this trend persists and the volume of international population assistance continues to decline, there will be a shortfall of $3.8 billion in meeting the commitment made in Cairo for external resources in the year 2000.

126. Estimates of domestic financial resource flows based on a survey of government and non-governmental organization expenditures for population and reproductive health programmes yielded a figure of approximately $7 billion annually during the period 1996–1997. The flows from a third major source of domestic expenditure, individuals and households, were estimated at a further $1 billion, thus bringing the estimated total financial flows generated from domestic sources to about $8 billion annually. This amount will have to increase by $3.3 billion in the year 2000 to fulfil the resource goals agreed at Cairo.[16]

127. **Constraints**. Despite the commendable efforts by developing countries to increase domestic spending, most domestic resource flows in recent years have originated in a few large countries. However, many developing countries, in particular the least developed countries (most of which are situated in sub-Saharan Africa), are simply unable to generate even one quarter of the resources required to cover the cost of their national population and reproductive health programmes. Countries with economies in transition are also facing serious difficulties, at least in the short run, in financing their reproductive health programmes. For at least the next 10–15 years, many of these countries, especially those going through painful structural adjustment processes, will continue to require significant external assistance to fully implement the Programme of Action of the International Conference on Population and Development.

128. The HIV/AIDS epidemic has progressed faster than previously projected; additional resources for advocacy, preventive campaigns and commodities are thus required to deal with this epidemic.

129. The early encouraging momentum generated by the International Conference on Population and Development process stalled in 1997 and 1998, largely because of a sharp reduction in ODA on the donor side, coupled with the continuing adverse fallout in large parts of the developing world from severe economic and financial crises.

Key future actions

130. Governments of developing countries and countries with economies in transition and the international community must recommit themselves to making every effort to mobilize the financial resources required to reach the agreed funding levels for full implementation of the Programme of Action.

131. There is an urgent need for the international community to take steps to meet the resource shortfall. The international donor community should reach the agreed target of 0.7 per cent of the gross national product (GNP) for ODA, and commit itself to the target of a minimum of 4 per cent of ODA for population activities. Because of the definition of the population sector contained in the Programme of Action (considerably broadened to include reproductive health, HIV/AIDS prevention and so on), it should further consider increasing this target to a minimum of 5 per cent. An increased proportion of public sector expenditures, as well as an increased proportion of ODA using both the bilateral and multilateral modalities, should be devoted to population and reproductive health programmes in order to ensure that the International Conference on Population and Development costed package is fully implemented.

132. All developing countries must continue to make efforts to mobilize domestic resources from all sources in order to fully implement the Programme of Action.

133. Advocacy efforts should be increased between and within countries to ensure that the necessary resource goals are met. Parliamentarians should undertake measures to increase support for population and reproductive health programmes through legislation, advocacy and expanded awareness-raising and resource mobilization, as noted in The Hague Declaration of Parliamentarians on the Review of the International Conference on Population and Development.

134. Since the HIV/AIDS epidemic has made deeper inroads than was originally projected, special attention should be given to providing promptly, at a minimum and as called for in the Programme of Action, the estimated amount of $1.3 billion for HIV/AIDS prevention in the year 2000.

135. Countries that have made a political commitment to implementing International Conference on Population and Development goals and have developed consistent population policies and programmes need special attention from the international community in meeting their resource needs. Countries currently in emergency situations and/or economic crisis need substantial external resources if they are to implement their population and reproductive health programmes.

136. Governments and the international community should encourage and promote additional ways and mechanisms to provide reproductive health services, such as increased involvement of the private sector, debt swap, selective use of user fees, social marketing, cost-sharing and other forms of cost recovery.

137. In view of the limited resources, there is a need for both donors and developing countries to ensure that resources are used as effectively and efficiently as possible.

138. There is a need to improve monitoring of resource flows for the costed population and reproductive health package included in the Programme of Action, including agreement on a common definition by all parties.

139. Countries should be urged to substantially increase their voluntary contributions to UNFPA so that the Fund will be in a better position to help countries meet their population and reproductive health challenges, including many countries in which UNFPA is the only source of population assistance.

140. Countries and the international community should give serious consideration to the 20/20 initiative, which can provide increased resources for broader population and social sector objectives.

VI. Conclusion

141. The implementation of the recommendations of the 20-year Programme of Action adopted by consensus at the International Conference on Population and Development in Cairo in September 1994, and the realistic meeting of its objectives and goals, are off to a good start. Particularly good progress was made on many population and reproductive health fronts between mid-1994 and mid-1997; however, financial crises in many developing countries, coupled with declines in ODA and a levelling-off of international population assistance, have slowed the rate of progress.

142. The five-year review points to the need for renewed political commitment to the principles and goals of the Programme of Action. It also highlights the fact that considerable progress has been made with only modest investments. This has been possible because of the growing support for the Programme of Action in both developed and developing countries and increased partnerships between Governments, civil society, including non-governmental organizations, and the international community. However, if implementation of the Programme of Action is to be accelerated, a number of financial, institutional and human resource constraints must be overcome.

143. To achieve this, there is first a need for wide-ranging institutional reforms. These include, *inter alia*, increased service integration; more effective decentralization; even closer collaboration between government and civil society; greater participation of women in policy- and decision-making; and improvements in the quality of data and their effective use for policy-making. Implementing these actions, and addressing the full range of recommendations of the Programme of Action will require greater political commitment and development of national capacity, since both governmental and non-governmental institutions in many developing countries are hampered by severe human resource constraints.

144. The world population will exceed 6 billion by the year 2000. Reducing poverty among large numbers of this population and ensuring basic living standards and health for all are the most important policy goals of the United Nations system and of the many global conferences on economic and social development matters that it sponsored during the 1990s. Increased political will and mobilization

of the resources agreed to at Cairo will accelerate the implementation of the Programme of Action of the International Conference on Population and Development, which in turn, will contribute to the advancement of the broader development agenda.

Notes

[1] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.13), chap. I, resolution 1, annex.

[2] Population Division, Department of Economic and Social Affairs (DESA), *World Population Prospects: The 1998 Revision* (United Nations publication, forthcoming).

[3] United Nations Population Division, Department of Economic and Social Affairs, *1998 World Population Estimates and Projections*, briefing packet, October 1998, p. 26.

[4] Economic and Social Commission for Asia and the Pacific (ESCAP) and United Nations Population Fund (UNFPA), "Report of the High-Level Meeting to Review the Implementation of the Programme of Action of the International Conference on Population and Development and the Bali Declaration on Population and Sustainable Development and to Make Recommendations for Further Action", Bangkok, 24–27 March 1998, pp. 8–9.

[5] Administrative Committee on Coordination (ACC) Task Force on Basic Social Services for All, Working Group on International Migration, report of the Technical Symposium on International Migration and Development, The Hague, 29 June–3 July 1998.

[6] Progress in the areas of the environment and poverty was considered in detail at the nineteenth special session of the General Assembly, held in June 1997, to review progress over the five years since the United Nations Conference on Environment and Development; and will be considered at the forthcoming special sessions of the Assembly, to be held in the year 2000, on the implementation of the outcome of the World Summit of Social Development and further initiatives.

[7] See report of the Secretary-General to the Commission on Sustainable Development at its fifth session, 7–25 April 1997, on overall progress achieved since the United Nations Conference on Environment and Development (E/CN.17/1997/2 and addenda).

[8] According to various country-level case studies carried out by (a) the Futures Group, (b) the Centre on International Cooperation, New York University, and (c) the Population Reference Bureau.

[9] UNFPA, *Report of the Round Table on Ensuring Reproductive Rights and Implementing Sexual and Reproductive Health Programmes including Women's Empowerment, Male Involvement and Human Rights, Kampala, 22–25 June 1998* (New York, UNFPA, 1998). ISBN 0-89714-521-6.

[10] World Health Organization (WHO), United Nations Children's Fund (UNICEF), *Revised 1990 Estimates of Maternal Mortality* (Geneva, 1996) (WHO/FRH/MSM/96.11 and UNICEF/PLN/96.1).

[11] WHO, Global and Regional Estimates of Incidence of and Mortality Due to Unsafe Abortion with a Listing of Available Country Date (Geneva, 1998) (WHO/RHT/MSM/97.16).

[12] Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) and World Health Organization (WHO), *AIDS Epidemic Update December 1998*.

[13] UNAIDS, *AIDS Five Years since ICPD*, 1999.

[14] World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic* (New York, Oxford University Press, 1997).

[15] UNFPA, *Report of the Round Table on Adolescent Sexual and Reproductive Health, Key Future Actions, New York, 14–17 April 1998* (New York, UNFPA, 1998). ISBN 0-89714-515-1.

[16] See the report of the Secretary-General on the flows of financial resources for assisting in the Programme of Action of the International Conference on Population and Development (E/CN.9/1999/4), prepared for the thirty-first session of the Commission on Population and Development (1999). The database for estimating domestic expenditure does not include all developing countries and is not always defined consistently. The data therefore needs to be treated with some caution.